

**COPING WITH SPECIAL NEEDS AND DISABILITY IN THE BRITISH  
FORCES COMMUNITY IN GERMANY: AN EXPLORATION OF CONTEXT  
AND PARENTS' EXPERIENCES**

Christine Hainsworth, July 2010

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## EXECUTIVE SUMMARY

This is a thematic study of the stories of fifteen mothers and two fathers who have children with special needs in British Forces Germany.

The three main aims of the study are to:

- raise the profile of parents, particularly mothers, of children with special needs in British Forces Germany by giving them a voice that is seldom heard;
- learn about what the important issues are for them;
- consider recommendations from themes emerging that might inform future policy and practice within the Ministry of Defence in general and British Forces Germany in particular.

This research report comes at a time when British Forces Germany is moving towards a children's services model, in line with government strategy, and there is increasing official recognition of the special situation of service children. In July 2008, Ofsted's 'Third Joint Chief Inspectors' Report' on safeguarding children added the children of armed forces families to its list of vulnerable children. They did so in recognition that:

*'Overseas forces families and their children may experience particular difficulties. These can include displacement from their culture and community, the absence of a serving parent, trauma arising from action, domestic violence and alcohol abuse.'* (p.58)

Given that children with special or additional needs are already included on this list, it might be argued that service children with special needs are especially vulnerable. That said, the present study neither sought nor found any evidence of domestic violence or alcohol abuse. There was,

however, some reported evidence in the data of the effects of post deployment trauma.

In general terms, the sense that emerged was that spouses felt confined by a lack of control over key decisions in life, although this was tempered with recognition that a soldier's primary duty is to the chain of command because it is a prerequisite of army life; the tightly circumscribed limits of self-determination caused by a priori demands placed upon the serving soldier to follow orders have always been a given. In recent times, however, the exigency of more frequent deployments to Iraq and Afghanistan has meant that levels of stress on all families have been raised; there is no easy solution to this, especially in times of financial stringency. Other issues, though, ought to be more easily solvable, or even avoided completely. Of these, the two most disturbing are:

- an apparent failure to address homophobic bullying in one particular SCE school;
- the unjustifiable limitations of inclusive practice apparent across several schools.

Several parents in the study expressed a concern that appears to be a key factor underpinning both of these issues: there is often a lack of genuine partnership between schools and parents. There was a common perception that school staff, head teachers in particular, were reluctant to acknowledge the validity of parental concerns about their children and to act on them.

Similarly, there was a belief expressed that although army support services are well intentioned, the help they provide could be better targeted and personalised. Furthermore, most participants who expressed a view on the matter said that they believed their opinions as parents carried less weight than those of professionals, even when decisions were being made that would affect their own child's future and possibly that of the family as a whole. Whether or not this view is accurate is almost irrelevant; what matters is that parents feel marginalised.

In terms of being parents of children with disabilities, for those who spoke about it, their experiences around the time of diagnosis appeared to have had much in common with the experiences described in previous studies with non-military families. Whilst the data support other literature, they also suggest that some aspect or manner of the person who broke the news is recalled with particular clarity. Given the lack of training for medical staff in the area of breaking the news of disability, this would appear to be a significant area for further scrutiny.

A key difference between the post-diagnosis experiences of British Forces Germany families and non-service families is the very early involvement of personnel from within the army chain of command, i.e. with the soldier's employers. Other issues, such as the lack of understanding by financial institutions and the 'Department of Work and Pensions' (DWP) about the special set of circumstances within British Forces Germany, have less direct impact on the lives of children; nevertheless, they are stress factors on families.

## **KEY FINDINGS**

Key findings from the data are that many of the concerns that families of children with special needs in British Forces Germany have are similar to those of families in the UK. Some, however, are context-specific. The most prominent themes to emerge from the data were issues around the diagnosis of special needs, the instability of service life, bullying and inclusion – including that of parents themselves. A prominent feature of parents' attitudes is ambivalence towards the army and towards professionals; there is a fine dividing line between feeling supported and feeling controlled. Other issues that were identified are:

- that parents rely more on their own resources than on support from the wider family, the community or professionals;
- that some parents remain unconvinced that having a dependant with special needs will not adversely affect their chances of promotion, despite official assurances to the contrary;



- official judgements of their child's school, e.g. by Ofsted, matter little to the parents, as their personal experience can be very much at odds with inspection statements;
- there is little direct academic research in the UK context into the concerns of service families;
- participants confirmed previous hypotheses that separations cause stress on the family, but they also said that it is the unpredictability of these separation events that causes the most stress and that they have experienced an increase in the levels of unpredictability in the recent years.

## **RECOMMENDATIONS**

- In moving towards a children's services model for British Forces Germany, parents – and whenever possible children and young people with special needs themselves – ought to be involved in policymaking and planning at all levels.
- Policy regarding the career of service personnel ought to be made clear in a single, clear statement and widely publicised.
- Provision for families and children with special needs in British Forces Germany ought to be subjected to an audit or inspection to uncover gaps in provision across garrisons.
- Future planning needs must take account of gaps in provision which currently raise barriers to coming to, or staying in, British Forces Germany for the families of children with special needs.
- Schools should aim to involve and empower parents at all levels in their children's education.
- Immediate action ought to be taken by Service Children's Education to address the issue of bullying in its schools, ensuring a rigorous audit of policy and practice with regard to all forms of harassment including homophobic bullying. It is vital that schools have a heightened awareness that children with special needs are particularly vulnerable to attack.

- There should be a well advertised complaints procedure for parents who are dissatisfied with provision at their child's school or with Service Children's Education as a whole; one that does not involve the chain of command or appear to threaten career progression.
- Recourse to the independent 'Special Educational Needs Tribunal' (SENDIST) service should be available to parents in British Forces Germany.
- The special situation of those employed as Crown servants needs scrutiny in terms of welfare benefits.
- Parents need clear, trustworthy and timely information in order to support their child's needs and to enable them to access the support available.
- The continuation of dependency status for vulnerable adults ought to be made clear to all medical and education services in British Forces Germany.
- Research into the situations, needs and aspirations of all service families requires higher priority.
- Enhanced training of dedicated personnel or specialist staff in benefits agencies and financial institutions would be advantageous, in order to brief them about the special situation in British Forces Germany and to set up effective channels of communication and support.
- Similarly, it would be advantageous to have members of staff in every unit welfare office trained to provide clear advice on benefits and financial matters and with links to the UK to deal with cases that are more complex. At present, the situation is chaotic in that there is no guidance at all and too much relies on word of mouth to access benefits.
- British Forces Germany ought to be included in the national schedule of local authority inspections conducted by Ofsted, with a particular focus on vulnerable groups. This could not only identify strengths, but also uncover any gaps in provision, especially across garrisons.

# CHAPTER 1

## INTRODUCTION

This chapter is an introduction to the research project as a whole. It describes the motivation and background not only to the research itself, but also to the specific questions included in the interview schedules. It also sets out the aims that I had in each phase of the research: the small pilot study with two mothers of children with Down syndrome and the second, larger, study that included participants whose children had a range of special needs, including Down syndrome.

### **Motivation for the research**

One of the reasons why I chose to carry out this descriptive study was that, albeit in a very small way, I wanted to give a voice to women who, despite the rapid advances made by the feminist movement in civilian society, ordinarily have little control over major events in their lives. Officially designated as a 'dependant of' and described as an 'army wife' by the MOD, the life of a woman married to a soldier can be highly unpredictable in terms of location and family role. During my research, I came to realise that my reasons for choosing this particular research topic were perhaps not entirely altruistic. I need to acknowledge that motivation for the research also arose out of my own need for a voice as the mother of a child with special needs in British Forces Germany.

My own daughter, Charlotte, who has Down syndrome, was born in the former military hospital at Rinteln, 14 years ago. At that time, my hopes were that she would always attend mainstream school with her peers. This, as it turned out, was not possible for reasons that will become apparent later in the report, and so she is now educated at home. She is, currently, the only teenager with Down syndrome in British Forces Germany, and the isolation we have felt for some years now because of this has raised my awareness that there is no extant academic research about life for a family with a child, or

children, with special needs in the British Army. The research lens has been focused on soldiers themselves, so that families have been seen only in refraction.

### **Background literature**

Initially, in order to locate the study within a theoretical context, I scrutinised the academic, mainly American, literature around military family life in general, to find those issues and themes that had already been identified as being significant, and to look for apparent gaps in the field, based on my own experiences.

Research in the field of service life falls into three very broad areas:

- The effect of military life on children and young people
- The effects of high mobility and deployment
- Issues of health and links with military service

Subsumed within all three areas are issues of resilience and the nature of effective support. There is now a body of research around the notion of 'deployment resilience', an umbrella term for those family factors that contribute to the efficiency of the individual soldier and therefore to the effectiveness and readiness for combat of the unit as a whole (e.g. Knox & Price 1995; Sadacca, McCloy & Di Fazio 1993). Adaptation is a function of change, and in the army change is endemic. Not only does the whole family have to readjust when the serving soldier has to leave for extended training or deployment, and the family composition is temporarily altered (e.g. Huebner & Mancini 2005), but also they must adjust to a new set of environmental conditions with each new posting (Faber, Willerton et al. 2008; Swann, Barros et al. 2002). Reunion too brings further change, especially so in time of war, when readjustment to family life following homecoming can be traumatic. A parent may return to the family with major injuries that could be physical, psychological or both (e.g. Schwarz, Willerton et al. 2007), and families need strength and resilience in order to cope. Physical injuries usually receive rapid treatment, but psychological wounds are often less obvious and may take

longer to be resolved (e.g. Sprenkle, Mac Dermid & Ko 2005). Post-deployment, too often, the psychological impact of trauma is noticed first, and felt most strongly, by the soldier's spouse and children (e.g. Barnes, Davis, & Treiber 2007).

### **Welfare role of UK Support Command, Germany**

US research has shown that major variables in the well being of stressed families include not only the nature of direct services, but also the military's responsiveness to their needs (e.g. MacDermid, Samper et al. 2008; Schwarz, Swan & MacDermid 2005). The strategic purpose of army welfare provision is, essentially, to build resilience in order to support soldiers on operations.

To understand fully the positioning of welfare and disability issues within British Forces Germany, of which the Children and Young People's Plan is a part, it is important to understand that all activity within the Army arises ultimately out of what is referred to as the 'operational imperative.' The overall mission statement of the Army Welfare Service (AWS) is unambiguous about this particular issue:

*'The AWS mission is to provide a comprehensive and confidential welfare support service responsive to the needs of Service personnel, United Kingdom Based Civilians (UKBCs), family members and the chain of command in order to maximise operational effectiveness.'* (2009, J1 Community Services Purple Pages, p.6)

A booklet written for families within Paderborn Garrison includes a series of pre-deployment briefings from the separate units deploying, each of which is entitled 'The Commanding Officer's Commitment to Welfare.' The Commanding Officer of 1st Battalion Princess of Wales Regiment, for example, writes:

*'The Army exists to deploy on operations and everything we do is focused to that end. The maintenance of our operational effectiveness, our fighting power, is therefore a commanding officer's principal responsibility. It is vital that all*

*those deploying know and are confident of the fact their family members who are remaining behind are being well looked after by our in-place team. Deploying on operations requires our soldiers to be focused at all times and we cannot allow ourselves to be distracted by worries that our families are not receiving the best support during a difficult and unsettling time.'*

(Source: 20th Armoured Brigade Group Information guide 2007 p 13-7)

Families, and welfare agencies themselves, are located in these open letters as players in supporting roles to the leading actors: soldiers in the 'theatre of war.'

### **Policy and provision for special needs**

The constraints within which welfare care by the British Army is provided are outlined in a leaflet entitled 'Provision for Disabled and Special Needs Dependants', which is distributed through a network of local information centres known as HIVES (Help and Information Volunteer Exchange Services). This leaflet makes clear to families that in overseas commands, whilst the Army aims to mirror UK practice, families are not actually protected by the same legislative framework and that some needs will not be met in British Forces Germany:

*'When living in the United Kingdom, the provision for disabled and special needs dependants is a local authority responsibility and parents have the backing of legislation to ensure that all that should be done is being done. However, when serving in an overseas Command, which includes British Forces Germany, it is another matter. Where it is practicable to do so, the Army tries to provide a standard of support and facilities commensurate with those available and accessible in the UK... This legislative basis, together with the MOD duty of care as an employer, constitutes the Army's holistic Special Needs policy. It is necessarily constrained by resource availability and therefore more acute or unusual cases may be beyond the support available.'*

(From: Provision for Disabled and Special Needs Dependants, p.1)

The central message of this document is that whilst the Army will try to support families overseas who have a child with special needs, they are not bound by

any legislation to do so and adequate provision is not guaranteed. This does create a degree of uncertainty, in terms not only of the support available, but also about the career options that remain open.

The guidance is based on the three major documents that contain British Army policy on issues concerned with personnel who have special needs themselves or who have a dependant with special needs. The documents are: the Army General Administrative Instruction: Volume 3, Chapter 108 (AGAI 108), which sets out the whole legislative context, Joint Services' Protocol 820 (JSP 820), which covers all serving personnel, and JSP 342, which is intended to include all aspects of the education of service children. The requirement to notify the Command of a dependant's special needs is not restricted to serving soldiers. A guidance document produced by SCE in 2005 for the parents of children with special needs made clear that the requirement extends to civilian staff, too:

*'Adjutant General Administration Instructions (AGAI) 108 state that if you have a dependant who is disabled or has a special educational need you must report this to your Regimental Officer or Personnel Services Flight. This applies to the families of all civilian staff (UKBC), and any other contracted personnel engaged on behalf of the MOD who must also report a dependant with a special need to their welfare officers or civilian recruitment and personnel office...'*

(Provision for Children with SEN, Service Children's Education. p3)

Despite all the directives, however, in a survey by the Army in 2007, around 70 per cent of families said that they had not registered. To ignore a military regulation in this way and, thereby, to risk dismissal, strongly suggests that either the directive is not widely known or the reasons for non-compliance are so compelling as to balance out any risk. It clearly raises the question of what these factors might be. My own hypotheses, based on nearly thirty years' experience as a professional and as a parent within the army context in Germany and in Cyprus, are that despite all reassurances to the contrary, some families still believe that having any limits placed on postings owing to having a child with special needs will adversely affect career progression.

Others, I think, see overseas postings as desirable for a variety of reasons, and are therefore reluctant to declare their child's special needs in case doing so means that an overseas posting is refused. The issue of career progression was included in the interview schedule to elicit the views of participants on this matter.

## **Summary**

To summarise, motivation for the research came from a need to give a voice to the concerns of parents living in British Forces Germany with children who have special needs and to highlight their concerns. There is, currently, very little emphasis on families in the field of British military research; most research comes out of the US, where a key area of study has been 'deployment resilience', which is conceived of as a group of factors that not only protect families from the negative impact of deployments, but also enhance family coherence and integration and promote family adjustment at reunion.

Resilience in the family enhances the readiness of the individual soldier for active duty: the knowledge that their families are coping and being supported when necessary enables them to focus more fully on their operational mission. This ought to, in turn, enhance unit readiness, namely:

*'The capability of an Army unit to perform the mission for which it is organized.'*  
(Campbell, et al. 1991, p. 23).

The ability of the Army welfare and medical services to promise optimum support for family members overseas is constrained by the facilities available to them in a particular command area, e.g. Germany, Cyprus or Brunei. Where a family member has special needs, the army requires that a soldier register those needs with the chain of command in order that an assessment might be made of the suitability of the posting.



## **CHAPTER 2**

### **METHOD AND METHODOLOGY**

#### **Introduction**

This chapter describes how the study was designed and outlines the methods adopted. There were two distinct phases in the project. Firstly, a pilot study was carried out in 2006, followed up with a more extensive research project for which data was collected between 2008 and 2009. Each stage is discussed here including details of the underlying research questions, participants and the development of interview schedules used.

#### **THE PILOT**

##### **Research questions**

Four research questions underpinned the pilot:

1. What are the dominant themes within literature published or endorsed by the MOD, specifically for parents of children with special needs within HM Forces?
2. Are these priorities congruent with the priorities and concerns of a small sample of mothers living in British Forces Germany who have children with Down syndrome?
3. What are the differences, if any, in the concerns of families who have a child with Down syndrome in the British Army community in Germany and those parents who live outside of the service community, as described in academic research literature?
4. Would a larger study be a worthwhile undertaking?

##### **Participants**

The mothers in the pilot study were both in their twenties; each had a baby with Down syndrome and was married to a soldier in British Forces Germany. The two women knew each other but only through telephone conversations, as they lived 150 miles apart. Despite the widespread routinisation of testing

for Trisomy 21 (Down syndrome), both mothers were unprepared for diagnosis of the condition. In the case of the first mother, diagnosis came before birth; in the second case, the news was broken after the baby was born.

Coming from two different commands (areas) in British Forces Germany meant that although the welfare structures were broadly similar for the two families, each had a different medical centre and health visitor. One mother already had two children (not Down syndrome), while the other had just the one child. Both infants had been born in local German hospitals.

### **Research background**

Evident from the literature is recognition that finding out that one's infant or unborn child has Down syndrome is a major life event that demands some reorientation. Distinctive, common threads run through the literature such as events around the time of diagnosis and birth of a child with disability (e.g. Skotko 2005), descriptions of the ways plans and goals serve as a source of purpose and satisfaction and help to meaningfully organise experience (e.g. Emmons 1986, 2005; Emmons & King 1989) and descriptions of how, when life goals made before the birth have to be reconstructed substantially and plans change because of events beyond control, an individual is made vulnerable through a sudden recognition of powerlessness in the face of nature.

In 1999, Marcia Van Riper identified 18 research studies concerning families with Down syndrome across fourteen countries. Whilst the majority of the studies focused on how parents respond to the birth, with expectations usually having to be scaled down because the baby has Down syndrome (King & Patterson 2000), other aspects of life included parental stress (Chen & Tang 1997; Padeliadu 1998); parental adjustment and adaptation (Chen & Tang 1995; Chiang & Yuh 1997); psychological distress/depression (Scott, Atkinson, Minton & Bowman 1997); behavioural problems (Stores, Stores, Fellow & Buckley 1998; Wolf, Fisman, Ellison & Freeman 1998); time demands (Barnett & Boyce 1995; Padeliadu 1998); parental blame (Hall, Bobrow & Marteau 1997); marital adjustment (Fisman et al. 1996); coping

style (Atkinson, Scott, Chishom & Blackwell 1994; Cheng & Tang 1995); social support (Cheng & Tang 1997; Wolf, Fisman, Ellison & Freeman 1998); role perceptions (Crowe, Van Leit, Berghmans & Mann 1997); family stress (Duis, Summers & Summers 1997) and family strengths (Cahill & Glidden 1996).

In summary, findings from these studies indicated that parents of children with Down syndrome experience increased stress, increased time demands and changes in roles. Van Riper pointed out that only minimal attention had been paid to the assessment of *well being* in families of children with Down syndrome. In the same year, Lustig (1997) found that most families of children with disabilities did not experience poor functioning. In addition, mothers were the primary respondents in these studies, very few of which included data from fathers or siblings.

Van Riper's own research since then has supported these studies in concluding that uncertainty and apprehension about the future are major characteristics of the life transition experienced following the birth of a child with Down syndrome. Nevertheless, her work has also shown that while the birth of a child with Down syndrome might initially be viewed as a tragedy, this interpretation usually changes dramatically over time and that many families are resilient and thrive (e.g. Van Riper 2000, 2003, 2007).

Van Riper's assessments also support the conclusion reached by Fisman et al. (1996) in that marital satisfaction, lack of parental depression, a cohesive family and warm sibling relationships were protective for children with Down syndrome. She also found family variables such as family vulnerability, family appraisal, family resources and family problem-solving communication to be associated significantly with sibling well being. Other researchers (Abbeduto et al. 2004; Ricci & Hodapp 2003) have concluded that the parents of children with Down syndrome experience less stress and depression than parents of children who have other diagnoses, particularly autism.

The research by Abbeduto et al. (2004) with families whose children had disabilities other than Down syndrome also supported Fisman (1996) and van Riper's (2003) assessments by concluding that the way the family functions in

response to the child's disability appears to have a critical relationship to family outcomes. They found that diagnosis-specific differences in parenting stress disappeared when other family characteristics such as maternal education, family income and number of children in the family were controlled. In other words, marital and family functioning may be more important as predictors of parenting stress and depression than the presence or absence of any childhood disability. In addition, research evidence has suggested that childhood disability may not be as stressful as childhood illness for families (Hung, Wu & Yeh 2004).

### **The interview schedule**

Taking themes from this body of research as a foundation for my interview schedule, I added issues that came out of my own experiences, because I believed that it was likely that matters that were of priority for me would also resonate with the participants:

1. When did you first know about the Down syndrome?
2. How was the news broken?
3. My reaction when I found out about the diagnosis was...
4. Did you know anything about Down syndrome beforehand?
5. The good things for the rest of the family have been...
6. My concerns for the rest of the family are...
7. In what ways, if any, do you consider yourself an expert in caring for your child now?
8. What have you learned since you were first told?
9. Do you think that having a child with a disability adds more or less stress to your life than you expected? Or is it just as you thought it would be?
10. Would you, if you could, take the Down syndrome away from your child? (Why/ why not?)
11. Do you ever worry that having a child with special needs will affect career progression?

12. Do you think that having a child with special needs is made harder/easier by being out in Germany? If so, please could you say why you think this?
13. How would you sum up the support you have received/currently receive?
14. How do you view the future?

### **Digital recording as a method of data collection**

The pilot provided an opportunity to assess whether solo, digital recording would be a useful means of data collection in any follow up study. The participants were asked to respond privately to a series of prompts in order to assess their thoughts on each subject area. Each spoke into a digital recorder in the privacy of their own home and each was given the opportunity to digress if they chose to. They could also edit the recording before sending it electronically to my computer. I felt that this was important in order to allow the mothers the freedom to express themselves fully and not be tied to my agenda.

### **Anonymity**

Place names were deliberately avoided in order to preserve as much anonymity as possible. One distinctive feature of having a child with Down syndrome in the family in British Forces Germany is that the family immediately becomes relatively high profile, since the number of cases is very small compared to the normal UK population. I referred to the mothers by using the pseudonyms 'Steph' and 'Rosemary' throughout.

### **Transcription process**

Because the participants spoke directly into a microphone in private and without interruptions, the transcriptions took the form of short and remarkably fluent monologues. In duration, they ranged from 1 minute 14 seconds to 6 minutes 45 seconds. In transcribing, I followed intonation patterns to decide the beginnings and ends of sentences, and where names were mentioned I either omitted them or used an initial in order to preserve anonymity. Each

one-second break was denoted by '....' After any break of three seconds, the text was moved to a new line. In the search for authenticity, I transcribed almost every word verbatim and made no deletions or simplifications of any kind. This led to a rather disrupted style, which, on reflection, made it unnecessarily difficult for the reader and created opacity in the writing that was unhelpful.

### **Data analysis**

Taking a broadly grounded theory approach, the analytic process involved gaining familiarity with the data during transcription, coding the transcripts, developing conceptual categories by looking for commonality of ideas and concerns across transcripts and identifying themes within them.

### **Themes**

Four major themes appeared to emerge from the analysis of data in this way. The first of these was the degree of involvement exercised by the chain of command in what would be seen outside of service life as a purely family matter. The almost immediate intervention of one's employer into family decision-making because of the birth of a child with special needs would be inappropriate and intrusive in any other sphere. Closely related to this was the issue of the impact of having a child with special needs on career development in the Army. There was a difference of opinion about this. Whilst one mother thought that there was hardly a problem, the other was convinced that having a child with Down syndrome marked the end of her husband's Army career.

A third theme was that of 'diagnosis.' Analysis of the data obtained for the study provided support for prior research, indicating that interactions with health care providers in particular can have a critical impact on how families respond following the birth of a child with Down syndrome (e.g. Cunningham, Morgan & Mc Gucken, 1984; Murphy & Pueschel 1975; Pueschel 1985).

Finally, there was the issue of the 'carer' identity. Participants' views largely supported those of feminist and other writers who talk about caring as emotional and organisational labour, as well as physical work (Arber & Ginn

1995), something capable of providing a sense of identity for individuals (Lewis & Meredith 1989).

## **THE MAIN STUDY**

### **Research questions**

Reflecting on the three issues that emerged, it seemed to me that, separately and combined, they were issues of identity and self-determination within the constricting contextual boundaries set by the Army. I decided, therefore, that two rather open but potentially powerful research questions would underpin the main study:

1. What are the priorities and worries of mothers living in British Forces Germany who have children with special needs?
2. In what ways, if any, are those needs being met?

### **Participants**

Following completion of the pilot study, I asked three other mothers of children with Down syndrome, with whom I am friendly, if they would be willing to share their views with me on life in the service community. Two were married to service personnel, the third to a civil servant attached to the Forces. The service wives were very keen to participate, whereas the wife of the civilian wanted time to reflect before making a decision. After about three weeks, she wrote via her husband to say that she did not feel able to share her thoughts with me. She gave no reasons for her decision and I asked for none, nor are they speculated about in this study.

Even before receiving her response, given that there were only three other mothers of a child with Down syndrome living in British Forces Germany, one of whom might not want to participate, I had taken the decision that I would extend the research to include parents of children with other special needs, not just those with Down syndrome. In order to gain access to these parents, my initial strategy was to send out letters of invitation via the health visitor network, asking them if they would pass them on to families in their district. This method produced only one response. Subsequently,

therefore, I went back to friends and asked them to pass on the invitation by word of mouth. In this way, fifteen mothers of children with special needs talked about their experience of life in British Forces Germany. In addition, one husband wanted to comment and did so via email. He had been 'in the background' at home when I had spoken with his wife. My own husband gave his view of life with our daughter, Charlotte, through audio journal. Finally, a welfare officer provided some comments face to face. In total, 22 separate sets of narrative data were collected.

### **Data collection**

Despite the limitations of using the personal recordings that showed up in the pilot study, I judged that there were enough benefits to offer participants a similar choice between face to face interviews and audio recording in private in the main study. Through being less prescriptive in the 'prompts' that I gave to participants, I hoped that my rather heavy-handed control over the direction of the solo narratives might be avoided. The primary benefit, as I saw it, in offering the use of a digital recorder was that it gave privacy and control over parents' own, very personal, data. I know from personal experience that talking about your child's disability can cause emotions to surface that one might not want to have recorded and analysed by others afterwards. There might be things said that they wanted to 'take back' immediately after they had been said, so creating and sustaining the right research conditions for collecting this data was paramount. Unless I could create the right conditions, the participants might tell only part of their story, what they thought I wanted to hear or indeed nothing at all. Research into the similar situation of counselling via telephone (e.g. Reese et al. 2006) has shown that the telephone's lack of physical cues can be an advantage for those discussing sensitive personal issues.

Self-reflection and communication by a variety of media has become a quotidian feature of modern culture. We need only look at social networking sites, notably 'Facebook', 'Twitter', 'MySpace', 'YouTube' and 'Bebo', as well the blogging phenomena and reality TV, to see some of the forms and functions of the performative turn not only in social sciences, but also in the everyday practice of life.



Since the majority of mothers interviewed for this study are in their twenties and are familiar with the series, in describing the option of just talking into a recorder I used the 'diary room' concept from the reality TV show 'Big Brother' as an analogy. In the series, housemates can go into the so-called 'diary room' at any point and talk candidly to the camera about their experiences, rather as they would to a priest in a confessional box. In the end, however, only two mothers chose to take the digital recorder option, as they were familiar with the concept and attracted to the idea. Their willingness to use a relatively novel approach accords with the findings of a research project entitled 'Beyond the Numbers Game', by Goldsmith's University in 2007, which examined the scope of participatory media as a tool for engagement and social inclusion. The project confirmed that media currently has a kudos, a magnetic attraction, especially for young people. Their theory is that:

*'Youth culture has a strong affiliation with the entertainment industry which reinforces the attractions of participatory media projects.'* (2007 p.20).

### **The group interview**

Having taken the decision to offer the audio option in the main study, I was interested to see what the corollary to private recordings, that is the open group discussion, would elicit in terms of data, and so I added a group interview to the two types of interview method used already in the pilot. I invited four mothers with whom I was acquainted to meet me over coffee after dropping their children off at school one morning. Noting a criticism made by Atkinson and Delamont (2005) that:

*'Most ethnographic reportage seems oddly lacking in physical location.'* (p.827)

I would add that we agreed to meet in a comfortable café inside camp one November morning. This was in a period of time when most husbands were on deployment and wives were sometimes feeling a little isolated once the children had gone off to school. My thinking was that coming together over coffee and biscuits might facilitate open and informal discussion. In fact, what had been intended as perhaps an hour and a half's discussion lasted for well

over two hours, although, admittedly, for the first half an hour or so the talk focused more on mundane matters. I ought to have expected this to happen, since the group consisted of a pair of mothers who already knew each other and two who knew the others only by sight. This meant that this first half hour, if not longer, was about establishing familiarity and, I would say, gauging the level of mutual trust within the group. After the initial reticence, as they relaxed into their surroundings, the women began to be much more open about their opinions and experiences. As they chatted more, I found that I became less an interviewer and more a facilitator as the discussion gained a momentum of its own. The interview schedule developed for use in the one-to-one interview situation became more of an aide memoir to issues that I wanted to explore with them, as what had started as a group interview became closer to a focus group discussion (Lazarsfeld & Merton 1941). The success of this method, as I see it, was that as the women talked they built on each other's comments, adding to them or refuting them with examples from their own experiences. Talk on the topic of the current deployment was particularly lively, probably because the women needed to express, and share, the stresses they were under at that time.

Were further research to be carried out into the effects of deployments upon families, with or without children who have special needs, my experience of the group interview would suggest that a focus group approach would be fruitful because its dialogic nature could offer unique insights. Furthermore, the process itself appeared to be liberating, in a Freirean sense, for the participants. To paraphrase Freire, women:

*'...in communion liberate each other'* (1970/1993, p.103)

And perhaps, given the tightly circumscribed conditions of life within the Forces community, opportunities for such liberation are of particular importance.

### **Interview schedules**

The main themes for inclusion in the interviews came from several sources: from the three themes that emerged from the pilot study, the literature on

parental experiences of having a child with special needs, official rhetoric from the MOD and the personal experience of sixteen years as an attached civilian with a child who has Down syndrome. Draft interview schedules were sent for scrutiny to the Ethics Committee at the Centre for Applied Research in Education, University of East Anglia. Their approval was received in March 2007.

## **Development**

I came to recognise over the course of the research that the first hand accounts that I was being given were part of a creative as well as communicative process because participants were not simply answering questions, they were telling life stories. In doing so, memories were being selected, prioritised, and sifted for those events and emotions considered to be of sufficient significance to express, or to try to hide. Atkinson (1995) has described such life stories as 'tools' for building a sense of identity:

*'Our own life stories can be tools for making us whole; they gather up the parts of us and put them together in a way that gives our lives greater meaning than they had before we told our story.'* (Atkinson, 1995 p.6)

In positioning participants as narrators rather than interviewees, I came to appreciate that a certain type of preparation ought to be done before interviewing, especially in terms of recognising what might be regarded in the service community as story-worthy. Chase (2005) writes:

*'Once a researcher has a sense of the broad parameters of the story that the narrator has to tell, of what is story-worthy given the narrator's social location in his or her culture, community, or organizational setting, the researcher can prepare for narrative interviews by developing a broad question that will invite the other to tell his or her story...'* (p.662)

In this case, in order to invite the stories of others, I created an interview schedule for the main study that had quite broad parameters in line with the simplification of the research questions themselves. The schedule was developed as three connected clusters of questions, with the intention of encouraging reflective thinking across the past, the present and the future. I

prepared a schematic framework (see below, Fig.1) that I adapted from a story map devised by Richmond (2002), who used it to order her narrative analysis of the lives of college students. The adapted rubric that I used is in Figure 2:

**Figure 1**

**Richmond's schematic organisation:**

<b>The World of...</b>	<b>Self</b>	<b>Family</b>	<b>Community</b>	<b>Schooling</b>	<b>Work</b>
Past Experiences	Background Self-identity Roles	Roots Personal history Events	Setting the context Past connections	Incidents Sites	Past work experiences
Present Experiences	Current status Level of awareness	Current support	Current connections	Community experiences	Current work experiences
Future Intentions	Outcomes Personal development Self-identity	Future support	Future connections	Plans for future schooling	Future work expectations

**Figure 2**

<b>The World of....</b>	<b>Self</b>	<b>Family</b>	<b>Community</b>	<b>Schooling</b>	<b>Health</b>	<b>Army</b>
Past	Background Self-identity Roles	Roots Personal history Events	Setting the context Past connections	Incidents Sites	Past experiences	Past experiences Deployment
Present	Current status Level of awareness	Current support	Current connections	Community experiences	Current health support	Current demands
Future Intentions	Outcomes Personal dev. Self-identity	Future support	Future connections	Plans for future schooling	Future expectations	Career prospects

### **Initial diagnosis (1 to 4)**

Questions 1 to 4 related to the memories connected to the initial diagnosis, if any, of disability. I felt that it was important to consider not only the reactions and emotions at the here and now moment of receiving the news, but also to try to gain some insight into how this reaction was, at that moment, keyed into their previous understandings and experiences. These understandings and images are as real and important a part of the context of the birth as any physical situation.

### **The impact on life to date (5 to 10)**

These questions were intended to elicit reflections on the family situation. It is axiomatic that parents become experts in their own child's disability, although academic research into the nature of this expertise is surprisingly limited. Instead, this perceived expertise is frequently referred to as a resource to be tapped into by professionals, to enable them to provide better support (e.g. Lucyshyn et al. 2002).

### **Time and social space (11 to 14)**

The final four questions were designed to encourage reflection by the participants on their situation within the particularly rigid social space of the Army. This sense of one's own place within a social context (or set of contexts) is linked to the concept of 'habitus' elaborated by Bourdieu (1967), which he described as a 'matrix of perceptions, appreciations and actions' (p.18) and a system of social conformity:

*'To speak of Habitus is to assert that the individual, and even the personal, the subjective, is social, collective. Habitus is a socialized subjectivity' (Bourdieu & Wacquant 1992, p.126.)*

Within such a rigid social structure as the Army, habitus is a powerful concept. Whereas in non-military society there is some imbrication and fluidity of

boundaries of social class throughout society, within the Army there is a very distinct social hierarchy.

It is not only written Army regulations and codes of conduct, but also all the traditions and rituals, some of which are unique to certain regiments, that serve to maintain a rigid status quo and to inculcate certain patterns of behaviour according to rank and regiment. I was interested to discover where these women saw themselves within this system and the extent to which they accepted it. I also wanted to know whether, following the birth of their child with a disability, they saw their future as contingent upon their husband's career moves or whether there was now a stronger feeling that the future was contingent on their child's needs.

In the actual interviews, the exact wording of questions varied according to context and I allowed respondents to go off at a tangent should they so wish. I did so because the questions were really invitations to narrate (Chase 2005) rather than questions to which I wanted answers. I had decided not to allow interviewees to preview the questions because I wanted to avoid prepared answers; I wanted responses that were spontaneous and therefore more personal, honest and 'authentic', by which I meant not contrived. This was not an option, I concede, for those who wanted to talk privately into a digital recorder and for whom written questions were provided. I must acknowledge that it is possible that the data I received back in this way had been polished through editing and re-recording to create the best possible performance. That said, the extended monologues that I received back, with their pauses, reiterations and repetitions, strongly suggest that this did not happen. Later, as I discuss more fully towards the end of this chapter, I came to question authenticity as a goal in any case.

### **Anonymity**

A fiduciary relationship was established between the participants and me. I had promised confidentiality and they trusted that I would keep that promise and they would not suffer any ill effects – especially perhaps in terms of their husbands' careers. In order to preserve their anonymity, names were changed and only vague outline details of their family situation provided (see Appendix

2). As in the pilot study, place names were also deliberately avoided in order to maximise the level of confidentiality.

### **Transcription process**

I followed the same process for transcription as I had in the pilot. I used intonation patterns to decide the beginnings and ends of sentences and, where names were mentioned, I either omitted them or used an initial in order to preserve anonymity. Each one-second break was denoted by '....' After any break of three seconds, the text was moved to a new line.

In the pilot, in the search for authenticity I transcribed almost every word and made no deletions or simplifications of any kind. This led to a rather disrupted style, which, on reflection, made it unnecessarily difficult for the reader and created unhelpful opacity in the writing. The transcriptions have been 'cleaned' insofar as hesitations have been eliminated. I aimed to ensure a full, accurate transcript but one that omits all the 'ums', 'ahs' and verbal habits such as excessive use of 'you know' and 'kind of' unless they were relevant to the content. Where pauses of more than three seconds occurred, these have been indicated with dots representing each second, to maintain a sense of thinking time, which may be significant. Occasionally, the wording of interview responses has been altered slightly to achieve a more fluent style, but this has been done with no change in meaning. Some of the transcripts are from conversations with bilingual speakers; in these cases, unusual syntax and any grammatical errors remain unchanged.

With interview data, there is a spectrum of transcription – at one end of the continuum is the attempt to be thorough and totally objective through faithfully transcribing everything, non-verbal as well as verbal language. I tried to do this in the pilot, even the direction of glances and hand gestures, and at the other end there is selection and interpretation. With this in mind, I took the risk of mostly adopting the latter stance, following the advice of the self-confessed 'heretic' John Nisbet (2004):

*'For a full record of a speaker's meaning, it would be necessary to note the intonation, the eye contact, body movement and all the nonverbal forms of communication which we use, often without conscious awareness. Of course,*

*none of this is new. As transcribing has developed, it is recognised that meaning lies/lays not so much in the words, but how they are said. Thus, transcribing is becoming increasingly detailed and complex. And here I am, saying just take the short cut, pick out the significant parts to transcribe, look for the meaning behind the words.'* (p.13)

Nisbet himself warns against the risks involved by following this advice, so that very detailed transcription is abandoned. The key issue then becomes: can we trust the researcher to have selected honestly? Interpreting honestly to mean acting without deceit, I did transcribe all the data I had so that not only would they be available to external verification, but also would obviate the possibility that I was selecting too early. I judged too that everything said meant something. Reiterations, for example, might be an attempt to stress a point, to get meaning across or to reorder the speaker's own thoughts on a matter; non-verbal cues were not available to me anyway, since the data was solely written or oral words. I make no excuses for this, as I really wanted the data collection process to be as unobtrusive as I could possibly make it.

Selected extracts from the transcripts form the bulk of this report and appear in Chapters 7 and 8 under thematic headings. Pseudonyms have been used for people in place of real names in writing up the report. Exceptions to this are my husband and daughter whose real names are used. The names of garrisons have also been avoided in order to further obfuscate the identities of participants.

### **Data analysis**

In order to be more open than I had perhaps been in the pilot, I took a grounded theory approach to analysis of the data in the main study. The analytic process involved gaining familiarity with the data during transcription, coding the transcripts, developing conceptual categories by looking for commonality of ideas and concerns across transcripts and identifying themes within a framework of adaptation to new family circumstances within a very rigid, hierarchical community.

In total, 22 interviews were conducted for the main study. The two people who chose to record their thoughts in digital diary form created



significantly longer individual passages of narrative, which was more akin to monologue, than the face to face interviewing produced. All recordings were analysed as soon as possible after the interviews. 212 sheets of typed transcript were produced.

The data comprised three distinct types of narrative: narrative recounted in a very private space via digital recording, events narrated in semi-structured conversation and stories recounted in a small, informal group. These distinctions are important to make, since the three methods produce rather different sorts of narration, although each could be described as participatory.

The semi-structured interview is, for the most part, conversational in form, in that it routinely involves turn taking and reciprocity, yet when an individual begins to tell their story, turn taking is suspended and the storyteller takes centre stage. By contrast, when someone talks in isolation into a digital recorder the genre is monologic, centre-stage by default, and with something of the confessional about it. In this form of narration there is still an audience, albeit an invisible one, in that the storyteller is talking either to an imagined other or to themselves.

There were risks and benefits to each method, I discovered. In reality, each method produced mixed results. Regardless of the choice of method, some of the participants were happy to be expansive in their replies whilst others were more perfunctory in their responses. Although the privacy of talking into the MP3 player produced the longest passages of narration, in one very unfortunate incident one of the women who had spoken at length into the recorder then, to her dismay, accidentally wiped the entire file.

## **Coding**

My first task in analysing the data was to read, and re-read, the data in order to familiarise myself with the content and begin to identify regular, recurring experiences and feelings described. The next was to trawl through texts and mark them up with various highlighter pens, following Sandelowski's (1995) advice that analysis of texts begins with proofreading the material and simply underlining key phrases:

*'...because they make some as yet inchoate sense.'* (p.373)

In looking for a method of coding, I came across Bernard (2000), who developed a gloriously 'advanced' method that he refers to as 'ocular scanning', otherwise known as 'eyeballing' (p.235). Since its original conception, Ryan and Bernard (2003) have further elaborated the method:

*'By living with the data, investigators can eventually perform the inter-ocular percussion test—which is where you wait for patterns to hit you between the eyes.'* (para.11)

The themes discussed later in this study evolved from just such a process – from reading, and re-reading, the data many times.

Initially, I simply noted words that I heard repeated in the recordings. Next, I noted recurring words in the transcripts and then looked for their relevant synonyms and highlighted them. By writing each word on a card I could create piles of similar words. These were then considered in light of links between them. For example, 'friends', 'family' and 'neighbours' could be linked by 'community' and by 'relationships.' Various such groupings were tried before I eventually settled on a final 11:

Friends and neighbours

Family – extended and nuclear

Financial matters

Army welfare and other professional support

Deployment

Impact of having a child diagnosed with a disability

Medical care

Mobility

Partnership with school

Inclusion

The Army – control and career

These were then used as tools, thematic 'searchlights' with which I returned to the original transcripts to examine once more the content of what was being said and the topics within which the key words had been used. With further, much finer grained scrutiny, the sense imbued in words that on the surface might be synonymous, or even identical, began to become clearer – as did the relative importance attached by the speakers to the various issues emerging. In other words, a frequency count provided a rough indication of topics but it was only by then going back to the text and reflecting upon words within the richness of their context that a deeper understanding of the speaker's meanings could be gained.

### **Some methodological considerations: the Hermeneutic Circle**

That said, I am not seeking through this research to establish some objective truth about what it is like to live in British Forces Germany with a child with special needs. This is a study about the perceptions of a small group of parents and professionals, and explores some commonalities in those perceptions as expressed in their stories at that time. I am well known to the participants, I am one of them because I too am the mother of a child with special needs in this very special and bounded community. As such, I am immersed in the same culture, the same language as they, and what was said to me was, in fact, part of a conversational exchange based on those shared understandings.

Nevertheless, I listened to the recordings several times, because I was acutely aware that I had to understand the texts before I could begin to interpret them. Using Gadamer's (1975) conceptualisation of Heidegger's 'Hermeneutic Circle' (1927) as my model of the iterative process, I set out to use my own knowledge, perceptions and experiences to try to reach a new understanding, by paying attention to the detail of the descriptions of reality for others. When I felt that I had done justice to each, I began to tease out themes.

## **Authenticity**

If I position my participants as narrators telling life stories, rather than as interviewees giving answers, all the stories they tell me become the outcome of meaningful action – polished or otherwise. Whatever participants want to tell me has its own validity because the words they use are chosen; the events they tell about are selected. So, in the stories I have collected, there are things that people wanted me to hear, what they thought to be of significance, and so those words matter very much:

*'Words light the islands of visible forms in the dark sea of the invisible and mark the scattered spots of relevance in the formless mass of the insignificant.'*  
(Baumann 2005 p.1092)

Such accounts become constitutive constructs, a means of 'taking charge' (Ochberg, 1996 p.124) and giving organised existence to our experiences and understandings. I do question Baumann's apparent a priori acceptance of a direct equivalence between words and their meaning. My experience has been that words are more slippery in their connectedness to inner thought and memory than that. Consequently, I prefer Alis Oancea's description:

*'Words have an inescapable writtenness, inconclusiveness, unboundness, impurity and treacherousness... Language is not transparent and innocent, and its links to "reality" are not comfortably straightforward.'* (British Educational Research Journal 31, 2005, p.748)

However, deciding whether or not a particular story is 'authentic', and judging whether the words paint a 'true' picture, would be undemocratic. It is not the researcher's role to separate out truth from fiction, authentic from contrived. Such concepts become meaningless with the recognition that there could never be any guarantee, hope even, of my interpretation ever being some sort of definitive version. In any case, as a researcher, the reasons for any exclusions or exaggerations are of as much analytical interest as those aspects of a story that can be verified.

## **Conversation as method**

In the pilot, I took my cue from Foley & Valenzuela (2005) and used a style of interviewing that was much more conversational and informal in manner than conventional interviewing. I chose to do so because I wanted to diminish any perceptions of right answers and to try to optimise engagement. It also seemed to be more in tune with my belief in an equal partnership relationship. This meant that frequently the interview was close to being a normal conversation in which we exchanged experiences. To my embarrassment, when I listened to the recordings that I had made, there were too many occasions when the train of thought of the participant was interrupted and my own voice dominated to steer the conversation; I was much too uncomfortably reminded of Alan Bennett's comment when he listened to a BBC collection of his work:

*'I tend to think of myself as a man of few words, but looking at this collection it seems to have been gab, gab, gab for the last thirty years.'*

(Introduction to: 'Alan Bennett at the BBC' 2000)

The danger, I came to recognise, is that in being too conversational, one can sometimes mistakenly assume too many common understandings with one's interviewees and, in doing so, fail to explore participants' unique perceptions. Perversely, it seems, my attempts to be egalitarian and democratic resulted in me being too quick to assume shared meanings, and thereby to dominate. In the main study, therefore, although I tried to conduct the interviews in as relaxed a manner as possible, I was careful to maintain a self-awareness regarding my own comments and questions.

There is something else to which acknowledgement ought to be given, because it is important in terms of establishing reliability, that is, the deep ambiguity around me as interviewer. All of the mothers with whom I spoke would have been aware, at however conscious or unconscious a level, that I was not just another mother of a child with special needs, nor even a 'mother-temporarily-turned-researcher', but that I was also a professional, a member

of the Army welfare set up. In other words, I am in a liminal position as a member of the Army's support establishment.

Conversations are never going to be just chats in a context such as this. It might be that participants are guarded, worried that I might report back to someone in authority; on the other hand, it might be that concerns are voiced in the hope that this very thing will happen and that positive action will come about as a result. I had already discovered from the pilot how easy it was for me to dominate the conversation if I was unguarded, because, albeit subtle in nature, an unequal power relationship still permeated our conversations.

Being aware of this blurring of boundaries, I did try to make clear at each interview that this was personal research and that it was not being carried out on behalf of anyone else. Aware of how I had unwittingly dominated the dialogue too much in the pilot, I was particularly careful to avoid discussion of my own situation with my daughter, no matter how conversational the interview might become.

### **Narrative and thematic analysis**

Frank (2000) has argued that although 'story' and 'narrative' are words often used interchangeably, they are analytically different. The difference relates to where the primary data ends and where the analysis of that data begins. He points out that people tell stories, but narratives come from the analysis of stories. It is only when stories are collected together into some form of cohesive order that we can develop narratives (Frank 2008). The researcher's role is to gather these stories and interpret them in order to analyse the underlying narrative that the storytellers may not even be aware of themselves.

As a result, narrative analysis begins from the standpoint of storyteller. It aims to examine how people, events, values, organisations, memories, hopes and fears are made sense of and incorporated into the storyteller's identity, to contextualise the sense-making process of the storyteller and 'to focus on the dynamic in process nature of interpretation' (Ezzy 2002 p.227). Because I not only wanted to examine the individual narratives but also to look for common

threads in the collection of stories, I needed a method of identifying the mechanisms and contradictions in play – hence thematic analysis.

Closely related to narrative analysis and arising out of grounded theory, thematic analysis sets out to examine the meta or broader issues, to document different themes arising from the stories at the time of their telling.

Because narrative analysis requires in-depth engagement with the participant's experience, there is a blurring of interpretive boundaries between the researcher and the research participant. Such a blurring means that it is important to set out and defend the interpretive framework that is being applied to interrogate the data. Without clear definition of my interpretive role, I would be vulnerable to the twin criticisms of playing too strong an interpretive role without sufficient links back to the empirical data, or too weak a role with insufficient analysis of the discourse and /or social context (Atkinson, 1995).

### **Themes in personal narrative**

I chose to use a narrative inquiry process because I judged that it would bring me nearer to the heart of the meaning of the data that I was gathering. Not only is narrative central to the development of social and personal identity (Bogdan & Biklen 1982; Stake 1988), but also people's stories incorporate history, literature and myth, as well as experience. When events occur in our lives we reflect upon them and employ them within our personal narratives as a whole; they are thematised to be drawn upon in shared conversation and to be recounted (Hopkins 1994, p.127). Not all the themes below, therefore, arose out of the questions that I asked. Some of them arose from the new data that was presented to me, from which common threads were spun. Although this is not pure grounded theory research, since there is a partial pre-defining of themes, it remains an inductive approach because my intention was to be as inferential and as open ended as possible.

### **My interpretive role**

I do not claim pure grounded theory analysis (e.g. Kalnins et al. 2002.) because I admit that any thematic analysis would inevitably reflect the ideas

that I brought to the data beforehand. In defence of this position, I can only declare that I tried to be as self-aware as possible about my own inherent prejudices and possible bias; I aimed to be open and to derive themes from the stories that I was told as inductively as I was able.

Yet just as this work is not pure grounded theory, nor is it pure narrative analysis either. Pure narrative analysis would focus on how the narrative changes over time, on the purpose of the supporting cast of characters that are invoked (e.g. Gergen and Gergen 1984), where the exaggerations are and where the omissions are, on plots and on their resolutions (Ezzy 2000). Although I believed that thematic analysis was an important tool for pattern making, and in order to make summary recommendations that would inform policymakers in British Forces Germany who read this report, I also wanted to avoid glossing over the intensity of feeling in some of the stories that were given – I would say entrusted – to me. Narrative analysis invites closer analysis of the how, the sense-making process. It takes the researcher much further into the private world of the storyteller to determine what events represent (Riley et al. 2004 p.224): whose perspectives do they draw on? How they see themselves? What do they value? How is tension portrayed? How is their sense of right and wrong portrayed?

Perhaps the key feature of personal narrative that I find fascinating, and which I wanted to uncover through narrative analysis, is that the plot of a person's narrative is also its organising theme (Ezzy 2000), which brings coherence to the telling of events. Events are understood, and related, according to themes. Furthermore, I became aware during the course of thematic analysis and interpretation that issues were emerging that ought to be recognised at a higher level. I could take political action on behalf of the group by making recommendations and sharing them with the MOD, but the research would be taken quite overtly, from the relatively neutral ground of pure narrative analysis to the level of political involvement (Fontana & Frey 2005). Uncovering common concerns and creating explanatory frameworks is one thing, but having any emancipatory outcome is quite another. As Bourdieu wrote in 'La Misere du Monde':



*'To become aware of the mechanisms which make life painful, even unliveable, does not mean to neutralize them; to bring to light the contradictions does not mean to resolve them.'* (Bourdieu, cited in Baumann 2005: 1097).

With this caveat in mind, whilst I did not promise any of the participants that my research could change anything in their lives, I did promise that their stories would be collected together with those of others and that common concerns would be passed on. Recommendations arising out of those concerns are made in Chapter 10 and form part of the executive summary.

### **Summary**

Using narrative research methods, themes were identified in data from a small pilot study with two mothers of young children with Down syndrome, which suggested that a larger study would be a useful undertaking. The second, larger study was widened to take in the parents of children with a range of special needs. In all, for the second study, data were collected from a group of fifteen mothers and two fathers. The analytical process involved gaining familiarity with the data during transcription, coding the transcripts, developing conceptual categories by looking for commonality of ideas and concerns across transcripts and identifying themes. My liminal position as a researcher, support professional and fellow mother of a child with special needs in the Forces community posed some personal methodological issues. The concerns I had are discussed more fully in the following chapter.

## CHAPTER 3

### Research Paradigm

#### Introduction

This chapter discusses the ethical, ontological and epistemological framework within which I conducted the research. There is deep ambiguity around me as interviewer. All of the mothers with whom I spoke would have been aware, at however conscious or unconscious a level, that I was not just another mother of a child with special needs, but that I was also a professional, a member of the welfare establishment. This chapter is a reflection upon my own thinking processes and attitudes, so that they are exposed to the glare of scrutiny. I might not be able to eradicate flawed analysis owing to bias, but what I can do is to admit openly to its possibility and to shine a light into those corners where it might be lurking.

#### Reality and truth

Mills et al. (2006) reminded me that in order to ensure a strong research design, researchers must choose a research paradigm that is congruent with their beliefs about the nature of truth and reality. If I am to follow this advice, it becomes imperative that I set out my own beliefs about truth and the nature of reality for the reader to examine the congruence of my methodological approach with them. So let me assert clearly that my perspective is constructivist: I am interested in how people create meaning, how they make sense of the world – and how as a researcher I make sense of that process. I see this research in itself as a socially constructed work and believe that knowledge and understandings are constructed by each one of us in unique ways, depending on our context and personal frames of reference as we engage with the world we are interpreting (Crotty 1998 p.71).

I value subjectivity, acknowledging that humans are incapable of total objectivity because they are located within a reality that is constructed through subjective experiences. What is useful, relevant and meaningful depends on the situation: nothing is context-free. Further, I recognise that the research is value-bound in many ways (Creswell 1994 p.87), particularly by the nature of

the questions being asked, through the interactions between the researcher and the participants as the research progresses and the subjective interpretations I make of the data. Furthermore, my own location as researcher within the context of British Forces Germany is not value-free but, potentially, power-laden. I need to acknowledge explicitly that my location within the culture is both liminal and ethically sensitive inasmuch that I am both parent and welfare professional, sometimes called upon to support the participants in the study.

### **Narrative and thematic analysis**

Whilst my broad methodological approach is constructivist, the approach I have taken to obtain data is that of narrative inquiry, a field that is currently popular and evolving. Chase (2005) defined narrative inquiry as:

*'...an amalgam of interdisciplinary lenses, diverse disciplinary approaches, and both traditional and innovative methods – all revolving around an interest in biographical particulars as narrated by the one who lives them.'* (p. 651)

In the recounting of events by participants themselves, in my interpretation and thematic analysis, and through the communication of those recounts via the genre of a research paper – itself a social construct – real time events have been interpreted and reorganised many times before they reach the reader, so that the mimesis is multilayered. This process is axiomatic to social communication. As Valentin Voloshinov said:

*'Whenever a sign is present, ideology is present too.'* (Voloshinov 1986, p.10)

In other words, any apparent transparency or direct correspondence between data with the reality of my participants' lives is illusory. Furthermore, as researchers concerned with the link between narrative and identity demonstrate (e.g. Bruner 1997, Riessman 2002), when we tell our own stories, we are engaged in an ongoing construction of our identities in our lifelong attempt to make our lives meaningful, to shape the 'selves we live by' (Chase 2005). In recounting their experiences to me, the participants were not simply providing oral recounts; they were re-presenting events to themselves. There is an increasing recognition that narratives are neither independent of

cultural conventions (e.g. Caplan 1997; Gardner 2002) nor shared formats (Holstein & Gubrium 2000). In addition, there is no one-to-one, unmediated correspondence between a personal recounting and the memory or experience that is being recalled. Some recent narrative researchers (e.g. Langellier & Peterson 2001; Atkinson & Delamont 2005) have gone so far as to advise that narratives ought to be thought of as performative acts and to treat them as any other form of social action. Freeman (2001) writes:

*'Simply put, my story can never be mine, alone, because I define and articulate my existence with, and among others, through the various narrative models – including literary genres, plot structures, metaphoric themes, and so on – that my culture provides.'* (p.236)

There is a clear and unavoidable link here between the narratives provided by my participants and the research narrative, or analytical commentary, that I have woven out of their stories in combination and individually. Given the multilayered, multifaceted nature of every account, where is the truth in this research paper to be found? Narrative researcher David Bakan (1995) helps me out here. He has this to say about the search for truth:

*'We all feel obligated to tell the truth. And indeed, in scientific writing, deliberately telling untruths is totally unacceptable. But perhaps we need to make a distinction between literal truth and real truth. There is an old tradition, going back to at least Plato, that there can be truth in madness, dreaming, poetry, or prophecy, which is higher than literal truth. A metaphor or a fiction might open a door that cannot be opened by approaches that are weighed down by duty to literal truth.'* (p.7)

This idea of truth being experiential is found also in the work of feminist scholar Marjorie De Vault (2008):

*'When talking about their lives, people lie sometimes, forget a lot, exaggerate, become confused, and get things wrong. Yet, they are revealing truths. These truths don't reveal the past as it actually was, aspiring to a standard of objectivity. They give us instead the truths of our experiences.'* (p.261)

From my own perspective, all I can say is that in analysing the stories and opinions given to me, whilst accepting that there is no single, privileged interpretation, I take responsibility for those that I have made. I have tried to pay 'careful attention' (De Vault, p.62), to try to find the voice of the participant in a particular time, place or setting (Connelly & Clandinin 1990). I have attempted to provide a description of the parents' stories and experiences based upon their recollections and statements about their own feelings, as well as perspectives that meant the truth for them at that time in that place. Each story transcribed here can be said to be the truth for that speaker at the time. The stories are their truths, with my understandings and interpretation overlaid to produce my own version of the truth: the research narrative – itself a time-bound construct. I know of no other Army family studies that have used purely narrative methods to understand the British Forces Germany context.

### **Power relations**

The issue of power relations is of paramount importance in narrative inquiry (Connelly & Clandinin 2000). This factor was given added potency within the context of this research, since I am known to the participants as a professional as well as a fellow parent and member of the local community. In order to obtain rich and meaningful data, it was vital that as a researcher I created an atmosphere that enabled 'reciprocal and empowering interaction' (Cohn & Lyons 2003, p.41). The level of relational commitment that I have might help to develop a more authentic and informed interpretation and meta narrative, but I claim no definitive version of life for a parent of a child with special needs in British Forces Germany, nor indeed of life for a professional in the support services.

### **Story and narrative**

Whilst I have used the words 'story' and 'narrative' interchangeably, as many do, some in the field of narrative research have argued that there is a distinction to be made between the two. Frank (2000), for example, points out that people tell stories, but narratives come from the analysis of those stories. In other words, the researcher's task is to gather stories and then to interpret

those stories in order to tease out and analyse the underlying narrative. The interface between the primary data and the researcher's interpretation thereof is, I would say, the hidden theatre at the heart of the qualitative research method. Peshkin (2000) wrote:

*'The interplay of subject and object, self and problem is often ignored in both qualitative and quantitative research. Yet the researcher's orientation and definition of the situation cannot help but have ramifications for the way people are treated or thought of.'* (p.5)

In writing about those stories for others, I am creating a story of my own. This is not always comfortable to do, especially if I admit that my motives in authoring the narrative are not entirely altruistic. Here, I align myself with Josselson (1996), who wrote of this process of re-storying, of building a narrative from the lives of others in terms of shame and guilt:

*'My guilt, I think, comes from my knowing that I have taken myself out of relationship with my participants (with whom, during the interview, I was in an intimate relationship) to be in relationship with my readers. I have, in a sense, been talking about them behind their backs and doing so publicly. Where in the interview I had been responsive to them, now I am using their lives in the service of something else, for my own purposes, to show something to others. I am guilty of being an intruder and then, to some extent, a betrayer. And my shame is the hardest to analyze and the most painful of my responses. I suspect this shame is about my exhibitionism, shame that I am using these people's lives to exhibit myself, my analytical prowess, my cleverness.'* (p.70)

Her analysis is so pertinent to my own situation. Although the manifest purpose of analysis is to explore common concerns, to give voice to parents of children with special needs and to raise the matters that concern them with higher command, beyond all of that is the nagging awareness that there is another motive, one that is inseparable from the endeavour itself. To put it bluntly, if the work is as successful in its aims as I hope it can be, there will be a reward in the form of an academic qualification. This research is important

to me for less than fully charitable motives and I cannot see a way out of this except to admit it to myself and to others. Jossellson (1996) goes on to provide some comfort in this regard, exhorting researchers in the field to proceed despite any feelings of discomfort, with the reassurance that:

*'To be uncomfortable with this work, I think, protects us from going too far. It is with our anxiety, dread, guilt and shame that we honour our participants. To do this work, we must contain these feelings rather than deny, suppress, or rationalize them. We must at least try to be fully aware of what we are doing.'*  
(p.70)

### **Validity of interpretation**

The process of interpreting stories is now a point of scholarly investigation in itself because there is no one unifying method (Riessman 1993; Mishler 1995; Schegloff 1997; Manning et al. 1998). Consequently, it is important that I make my own approach explicit.

In the interests of establishing validity and accountability, it is important too that I openly acknowledge that whilst I have collected stories that are unique to each participant, in analysing those accounts I will have overlaid an interpretative framework that is uniquely my own. Moreover, whilst I have tried to avoid bias, it is important to recognise that my own experiences probably mean that some vestige remains. That said, I take full responsibility and make no excuses for the interpretations I have made.

My own 26 years' experience of Army life in Germany and Cyprus, as well as my feelings and experiences as the mother of a child with Down syndrome, are bound to have shaped not only my interpretation of stories, but also my own experiences will have contributed to the questions that I asked, to have shaped the responses I gave to participants in conversation, even to have affected my demeanour as an interviewer. Through all of these ways, and more of which I am unaware probably, I had a hand in shaping the stories themselves.

## **Epistemology**

Jonassen (1991) provides a summary of objectivism:

*'Knowledge is stable because the essential properties of objects are knowable and relatively unchanging. The important metaphysical assumption of objectivism is that the world is real, it is structured, and that structure can be modelled for the learner. Objectivism holds that the purpose of the mind is to "mirror" that reality and its structure through thought processes that are analysable and decomposable. The meaning that is produced by these thought processes is external to the understander, and it is determined by the structure of the real world.'* (p.28)

Using this rubric, the stories told by research participants become reports about external events that can be gauged for accuracy by their correlation to the truth. I, on the other hand, take the view that although there is an external world, our knowledge of that world is socially constructed and never static, and meanings and understandings change and are multiple. I share the view of Guba & Lincoln (1989) that:

*'... realities are social constructions of the mind, and that there exist as many such constructions as there are individuals (although clearly many constructions will be shared.'* (p. 43).

In terms of judging whether or not an account is true, my viewpoint is that since our perceptions and understandings of the world through our interactions with it are ever shifting, the stories that we tell about our lives are themselves fluid, dynamic and alive (Lewis 2008). They are always shifting, changing and being reworked by the temporal entanglements of humans. It is in, and through, stories that meaning is constructed and reconstructed:

*'We never write on a blank page, but always on one that has already been written on.'* (De Certeau 1984, p.43).

## **Summary**

A significant part of the report writing within the constructivist rubric is an acknowledgment and exposure of my own values, as well as those of the



participants (de Laine 1997; Guba & Lincoln 1989; Lloyd 2009). Readers themselves can then form their own informed view of issues such as bias and validity. I want to make it as clear as possible to those who read this paper that what I am presenting is not, and was never intended, to be read as a positivist, objective account of life for families of children with special needs in British Forces Germany today. It is not, in military terms, a situation report. Nevertheless, the dataset is unique, as I know of no other Army family research that has used purely narrative methods to understand aspects of life in the British Forces Germany context. The next chapter goes on to provide more detail of that context.

## **CHAPTER 4**

### **The British Army in Germany**

#### **Introduction**

The narrative approach used in this research provides descriptive knowledge that needs to be understood in context. This chapter provides some of the wider background to the Army in general and the military presence in Germany in particular, including some historical notes.

#### **British Forces Germany**

British Forces Germany (BFG) is the composite name given to the British Army, Royal Air Force and supporting civil elements stationed in Germany. British Forces are based in Germany under the NATO Status of Forces Agreement (SOFA) and the Supplementary Agreement (SA) to the Status of Forces Agreement, to which both the governments of the United Kingdom and the Federal Republic of Germany are signatories. Besides this primary legislation, a number of administrative agreements have been signed, which amplify how British Forces (Germany) may conduct its business. According to MOD figures (sourced 29 April 2008), British Forces in Germany (BFG) numbered some 21,500 service personnel. Approximately 23,000 additional civilian staff and dependants were stationed in Germany, representing the largest overseas contingent of Army personnel. Since, however, Germany-based personnel provide the majority of British units serving in Iraq, as well as a high proportion of those in Afghanistan, the number of soldiers in Germany at any one time is closer to 16,000.

Erving Goffman (1961 p.1) described the Army as a 'total institution' whereby all aspects of life for individuals within it are controlled and regulated by a higher authority and all the activities undertaken are for the sake of the institution itself. The depth and breadth of the Army's control extends beyond the individual to his or her family, to the extent that whenever a child with special needs is born, a service family is required to inform the chain of command of the fact. No ordinary employer would be able to require such a duty. Nor could an employer restrict a person's movement within the

company, let alone discharge them from their duties, solely because their child has special needs. The Army, however, can – and does.

For the spouses of service personnel generally, life can be lacking in real choices. For the majority, frequent relocation is incompatible with sustaining a career, and any improvement of either accommodation or salary is, therefore, dependent upon their spouse's progression through the ranks. Rather like the spouses of vicars, who themselves are expected to become mentors for their parishioners, officers' wives especially are expected to be role models and are seen almost to assume their husband's rank. The expectation is that they will entertain their husband's colleagues, attend formal occasions and help organise wives' clubs, especially in times of deployment. Anecdotal evidence of assuming the husband's rank was confirmed, in 2006, by the first ever survey of spouses by the MOD, with more than 70% of officers' spouses, and more than 60% of soldiers' spouses, reporting that the rank of their partner affects how they are treated. Whatever a spouse's rank, the repeated tours in Iraq and Afghanistan of recent years mean that couples often face long periods of separation, sometimes at short notice. For the duration of the deployment the parent left at home is, in practical terms, single.

Research shows that such family separations produce uniformly high levels of stress among Army families (Schumm, Bell, & Tran 1994), whilst returning home again brings its own concerns, with roles within the family having to be renegotiated and readjusted. Where a family has a child with special needs, there is some evidence from the US that tensions can be amplified (e.g. Hardaway 2004). Furthermore, researchers recognise the potential stresses, or traumas even, that families might undergo because of military deployment and the possible injury or death of military family members. There is a growing body of research to show that children can develop emotional and behavioural difficulties owing to the psychological trauma of repeated separations because of deployment (e.g. Hardaway 2004, Lincoln et al. 2008). In other words, some children's additional needs, however defined, are caused by service life.

## **The Army family**

The Army reminds its newcomers that whilst ties to the unit are important, there is the extended Army community, or 'family', to remember too:

*'The Army Family is a general term that encompasses all soldiers and their families. As with any family, it is important for everyone to help each other. A soldier will belong to a Regiment or Corps and he or she will usually stay with the same Regiment or Corps, which has a proud history with many interesting traditions, throughout his/her Service. The immediate working group to which a soldier belongs is often called a unit – it can be any size – and is like a smaller family within the Army family.'* (www.army.mod.uk Accessed 2/10/2008)

This passage is not only descriptive but also prescriptive; the soldiers' own families are not mentioned. In this formulation, forebears and tribal traditions are emphasised to the exclusion of personal family life, and the soldier's place is described in dynastic or tribal terms. Traditions and ceremonials provide the thread of continuity, the collective memory and the identity of any family or community. The importance of tradition in its contribution to intra-group cohesiveness and to the morale of soldiers has been noted often, e.g. Prasannan 2001:

*'Often it is these customs and traditions, strange to the civilian eye but solemn to the soldier, that keep the man in the uniform going in the unexciting times of peace. In war, they keep him fighting at the front. The fiery regimental spirit fondly polished over decades and centuries possesses him in the face of the enemy. The soldier fights for the regiment, his battalion, his company, his platoon, his section, his comrade.'* (Prasannan 2001)

The concepts of discipline, cohesion and morale are framed in new officer training as necessary prerequisites and reinforcers of military success that must be forged deeply within each soldier's psyche:

*'Military operations require cohesion and teamwork and are reliant on each and every individual playing their part. The need to sustain team cohesion, and to promote trust and loyalty between commanders and those they command, imposes a need for values and standards more demanding than those required*

*by society at large. All must understand these values and standards, which must be inculcated and nurtured in peace if they are to survive the testing ground of battle. Success on operations depends above all else on good morale, which is the spirit and ethos that enables soldiers to triumph over adversity. In turn morale is linked to, and reinforced by, discipline.'* (From: A Guide for Commanders. p.1)

That disciplined organisation and cohesiveness are essential to an effective fighting force is undeniable. One Sergeant Major, quoted in *The Times*, said of his young soldiers fighting in Afghanistan:

*'If you took the company and split them up I'd have some right idiots. Together, they're awesome.'* (The Times 22 Sept 2007)

It appears from my review of the literature that there is a gap in our understanding about the nature of resilience in terms of its transferability between contexts, i.e. are the qualities that combine to form stoicism in the heat of warfare similarly protective in the face of individual and personal adversity? This is an issue beyond the scope of the present study, but one that invites further attention.

### **Tradition and ritual as coping mechanisms**

Some of the traditions of mess social life seem archaic – the port at dinner must always be passed to the left and no one may leave the table until the Colonel's wife does so (should they dare to do so, their chair will be removed). Mess attire itself has remained largely unchanged since the mid-nineteenth century, and monthly mess bills include an amount for the purchase and upkeep of mess silver. Nevertheless, traditions and rituals, however bizarre, do serve a purpose. My own observation is that such constants provide stability and reference points otherwise lacking in a community that is being repeatedly reconstituted in the way that garrisons British Forces are. Traditions in the Army embody a sense of the journey travelled by this community over time, a thread of continuity through the generations. In other words, Army traditions, however silly some of them appear, have perhaps evolved and been maintained because, ultimately, they do provide an

important function; they create a sense of a stability in a society characterised by change and loss.

Traditions and rituals also have the effect of creating secure boundaries in that those who are outsiders are all too aware of their outsider status, whilst those who are accustomed to them are helped to feel safe. The Army does, certainly, enact many of the functions of an extended family and in many ways it has the characteristics of a tribe with its own discursive regime. Foucault said:

*'If power were never anything but repressive, if it never did anything but say no, do you really think one would be brought to obey it? What makes power hold good, what makes it accepted, is simply the fact that it doesn't only weigh on us as a force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse.'*

(M. Foucault. 1977 Truth and Power p. 119.)

References to the power of ritual and custom to sooth, contain, transform and to provide an anchor for our volatility (Rappaport 1999 p. xv) are found repeatedly in theology (e.g. Lesses 1998; Driver 1998) and in literature. Yeats (1919), in his poem 'A Prayer for my Daughter', prays that his child will forever be protected against the howling Atlantic storm, from the assault and battery of the wind and of life itself, by being able to live in a house:

*'Where all's accustomed, ceremonious'*

(From: 'A Prayer for my Daughter', W.B. Yeats, line 73)

The rituals and traditions of Army life might be said to be a necessary, civilising counterbalance for the very raw, Darwinian instinct that is called upon in war.

### **Tradition as protection**

The notion of custom and ceremony as antidotes to threat and disorder is not the preserve of theologians and poets, however. One of the most prosaic of documents, a Defence White Paper: 'Delivering Security in a Changing World' (2003), refers in its conclusion to new challenges and unpredictable new

conditions. Defence, it argues, must evolve to reflect these new realities. For the future this means:

*'... evolving strategy and military doctrine that is flexible and geared to changing conditions; behaving with speed, flexibility and creativity as an organisation, in the way we work and the way we respond to external events (whilst) holding fast, in the face of change, to our underpinning military traditions and commitment to public service.'* (p.20)

This endorsement at government level of the power of tradition and orthodoxy to stabilise and act as a counterbalance to forces of uncertainty means that the pressure on the serving soldier to fit into the system is substantial. Rappaport (1999) has described participation as the *sina qua non* of ritual:

*'A ritual does not only establish social convention, it establishes acceptance. By taking part in a ritual, the participants tell themselves and others that they are willing to go along with it. Going along with the ritual implies public acceptance of the conventions established by the ritual. Acceptance, in turn, brings with it the obligations entailed by the convention.'*

("Ecology, Meaning & Religion" pp 193 - 194)

Such a community has much in common with the 'communitas' of Victor Turner (e.g. 1969, p.132), i.e. a people standing together outside of the main body of society to pursue their own, shared goals.

Tradition, nonetheless, has its limitations in that the negative consequence of such exclusivity and mutual reliance might be that individual concerns and problems are not shared readily in case the need to share is in itself perceived as a sign of weakness. Fear that individual displays of emotion might provoke negative responses from others in highly formalised settings was identified as an issue by Heller et al. (1991) in a study of close friendship formations amongst older adults. The authors found that social norms in some settings militate against intimate, confidante relationships. Their research found that church groups, which are a frequent activity of older adults, were not the ideal settings for the formation and maintenance of the

confidante friendships that might be expected. Despite the shared interests and activities of the participants, the strict 'display rules' in church, (Ekman & Freisen 1969, p.50) that is, the unwritten social conventions about how emotions can be expressed, to whom and when, discourage the formation of deeper friendships. Moreover, some of the participants reported fear of gossiping among church members and were unwilling to disclose confidential matters to church friends if they felt that doing so would make them subject to gossip. Church and army communities, I would argue, have close parallels in that both provide closed communities that have respect for obedience, expectations of conformity, tradition and ritual. They also have members who are at least familiar to each other and who are mutually observed on a regular basis.

### **Quality of life**

Asked for a snap opinion on a view of life in British Forces Germany, I would say that life, in general, is good. Were it not, I suppose I would have left many years ago; I have no contract to bind me in the same way as service personnel do and I already have a house in England to go back to if necessary. With deeper reflection on what I mean when I say that life is good, I think that one factor predominates, namely security. This sense of security comes, I think, not only from the increased financial benefits of a career with the MOD, but also from the composition of Forces society itself. One lives in a garrison, a term that, despite being a conceptual and administrative construction nowadays, still conjures up images of protective walls and of fortress-style defence against the marauding hordes. I have come to believe that the concept does infiltrate the psyche of those of us who live in a garrison for any length of time: if we are protected within, then what is to happen to us were we to leave? Whatever is bad within, we may well find worse out there in the wilds of 'Civvy Street.' We read in the papers, and talk at dinner parties, about soldiers who are never able to rehabilitate into civilian society, finding their place only under railway arches or huddled in doorways and night shelters. We talk about the unreliability and high cost of travel on British trains, about council tax bills, ever higher prescription charges, ever higher TV licence fees, long NHS waiting lists and drink-fuelled violence on Saturday



nights. Then we think that perhaps we will stay here a little longer. Just one more year, we tell ourselves, just one more year.

### **Service Children's Education**

Service Children's Education, commonly referred to as SCE, was formed in April 1996 when it subsumed the duties and responsibilities of both the Service Children's Schools (North West Europe) Defence Agency, itself formed as an Agency in 1991, and the Service Children's Education Authority (SCEA), then based at Worthy Down in Hampshire. As at 31 March 2008, Service Children's Education provided education for approximately 10,000 children in 43 schools – 35 primary, six secondary and two middle schools – in nine countries around the world. Almost ninety per cent of pupils are educated in Germany, where there are 30 schools – 4 secondary, 2 middle and 24 primary. There are also 41 Foundation Stage (FS1) settings, which are managed by primary schools and attended by approximately 1,800 children in total. Service Children's Education has its headquarters in Wegberg, Germany with local offices in Bielefeld (Germany) and Episkopi (Cyprus).

### **Eligibility**

To be eligible for free admission to a Service Children's Education school, pupils must have a parent who is a serving member of the British armed forces or is a member of the United Kingdom-based civilian staff or an employee of the MOD. Service Children's schools do admit children who do not meet these criteria but only on a fee-paying basis and at the discretion of the head teacher. Whilst entry to SCE schools for non-entitled children is conditional upon their possessing sufficient command of the English language, both written and spoken, so that there is no requirement for extra resources to be provided from public funds, there is neither regulation nor guidance for head teachers regarding admissions for fee payers where the child has special needs.

## **Curriculum and staffing**

SCE employs over 2,200 personnel including around 800 teachers; the remainder being MOD civil servants, specialist educational staff and locally engaged support staff. In terms of curriculum and examinations, SCE schools follow the English National Curriculum whereby pupils take GCSE, A level and General National Vocational Qualifications (GNVQs) and sit National Curriculum tests in exactly the same way as their UK-educated counterparts. In addition, Ofsted inspects SCE schools.

## **SCE as an agency of the MOD**

SCE is one of eight agencies within the Ministry of Defence and, as such, comes under the remit of the MOD rather than the Department for Education. The agency was created in 1996 as a means of freeing the military from non-core business and placing the education of Forces' children overseas under the responsibility of specialist professional staff. Although serving all three services and the civil servants who accompany the Forces overseas, SCE is 'owned' on behalf of the Secretary of State for Defence by the Adjutant General, the Army being its principal customer. Its functions are described – and prescribed – by the so-called 'Framework Document' of April 1996, and is subject to all the main requirements of other government agencies – it must submit annual accounts to Parliament, it has certain freedoms in the management of resources and its Chief Executive is responsible, and has access, to ministers. In addition, the key targets for SCE are published in Parliament and set at levels above those expected of schools nationally in an attempt to ensure high performance and efficiency.

The body responsible for monitoring SCE's success in meeting its targets is the 'Owners Board' comprising representatives from the DfE and all the Armed Forces, including representatives from Cyprus and Germany. The SCE Owner's Board, chaired by the Adjutant General, meets annually to agree key targets for the agency, which are then submitted for ministerial approval prior to publication in Parliament. A sub-group of the Owner's Board, including external representation from the Department for Education, Ofsted and Essex Local Authority, with which SCE has training links, meets in the

autumn term to review in-year performance and to recommend the following year's targets.

Subordinate to the Owner's Board, in both Germany and Cyprus, are the Command School Governance Committees (SGCs), which normally meet every term. The role of these committees is to consider all school matters of Command-wide concern, with a view to placing any unresolved or strategic issues before the SCE Owner's Board. The Committee has the opportunity to review any plans, reports or accounts issued by HQ SCE and to comment on school inspection reports, assessment and examination results or other performance indicators.

A second key variant between SCE as an agency and local authorities is the international distribution of its schools. With schools in Cyprus, Belgium, Germany, Italy, the Netherlands, Gibraltar, Falkland Islands, Belize and Brunei, the descriptor 'local' cannot reasonably apply. Thirdly, the profile of its school population is significantly different from any found in the UK, as there are approximately three times as many primary age children as secondary in SCE. This is largely due to the younger profile of service families and the existence of a boarding school allowance to enable those families who move frequently to send their children to a more settled life in a UK boarding school if they so wish.

## **Funding**

Local authorities in England have access to a wide range of funding provision from both government and private sources. The most significant of these is the Children's Services' Grant, which for 2006-07 was £152m with an additional £193m in 2007-08. By contrast, all funding for SCE is included within the element of the MOD budget intended to cover all statutory agencies or organisations in the military community, including health, 3-19 schooling and social services. Property and utilities costs for all community services, including schools, are also funded by the MOD. The only additional money available comes from two other sources – non-public or welfare funds, i.e. from voluntary sector organisations, community groups and clubs, and from parental contributions. Because no parity funding is made available to the MOD to meet the costs of initiatives for children with special needs, such as

the 'Aiming High for Disabled Children' (2007) and 'Sure Start' (1998) programmes, British Forces Support Command Germany argue that they cannot promise to fulfil all the duties that are laid upon local authorities.

*'With the exception of Child Tax Credits, no other funding is available to the BFG authority or community from those Government departments associated with supporting children and young people such as DfES, Department of Health, the Home Office and the Dept. of Work and Pensions. Consequently, initiatives in support of the Children Act 2004, or other developments linked to children's Services that are funded in the UK, can only be mirrored within BFG if MOD or UKSC (G) is able to find funds from existing budgets. This can mean a delay to implementation or indeed acknowledgement that some initiatives will not be replicated in BFG.'* (British Forces Germany Children and Young Peoples Plan. p 2)

The inclusion of Child Tax Credits here is erroneous since tax credits are given to families rather than to either the 'authority or community'; nevertheless, the point itself is valid.

### **Children with special educational needs in Service Children's Education**

It is within this wider context of non-guaranteed provision that SCE declares itself to be committed to:

*'... promoting an inclusive approach to education. Children with special needs will be admitted to SCE schools wherever possible. However, SCE has no special schools, special units or pupil referral units. Furthermore, the geographical spread of SCE schools makes it more difficult than in the UK to provide central or peripatetic support Services to schools, including paediatric and therapeutic support. Despite this, very few pupils are refused admission to SCE schools.'* (p.13)

The current situation is that before a child with identified special needs can be admitted to a school in British Forces Germany, a process known as the 'Special and Additional Educational Needs Enquiry' is initiated, leading to a decision on whether or not a child's needs are likely to be met in a British Forces Germany environment. Whilst the majority of decisions are taken by

the Education Officer for Special and Additional Needs in SCE Headquarters, in practice, the school itself and the local support services are consulted to help inform the decision. If the final decision is that suitable provision cannot be made, the family is refused a posting abroad.

The knowledge that a choice posting could be refused on the grounds that a child's needs are unlikely to be met adequately could well account for the high percentage of parents who admit that they have not registered their child's special needs. Parents hope that once their child is admitted to a school overseas, satisfactory educational provision will somehow be made so that the child can stay and repatriation will not be needed. Schools describe such children as 'having come in under the wire', a particularly apt metaphor given that most SCE schools are located within secure Army camps.

### **Social life**

The Army appears, at a surface level, to have many opportunities for building social relationships outside of work. During just one week (April 29 - May 6 2009), British Forces Broadcasting advertised 37 different events for Paderborn garrison alone. The activities included yoga, netball, badminton, parent and toddler groups, a self-defence class and bingo. In addition, there was an 'Afghanistan Update' breakfast and a coffee morning. This list of activities is not exhaustive. Major additions to the list would have to be the social events provided by messes, of which there are normally three: the Officers' Mess, for commissioned officers and officer cadets, the Warrant Officers' and Sergeants' Mess, for senior non-commissioned officers, and the Junior Ranks' Mess, for junior non-commissioned officers and privates. Although there are less formal occasions such as monthly curry lunches, mess events, especially in the sergeants' and officers' messes, do tend to be formal affairs. In some locations, civilians have their own civilian mess, but as civilians are allocated an Equivalent Military Rank (EMR) they are entitled to attend whichever mess their EMR allows. In my experience, however, there is still an unspoken divide between the military and the civilian components within the community.

### **The civilian / military divide**

Families within a regiment often get posted together, or at least they move around a limited number of specific locations, so that whenever they do move, many of their neighbours will already be known to them and the local facilities too will be familiar. When a civilian moves to British forces Germany they have to make an effort to be accepted within the community. To many, the military environment is something new and, quite possibly, frightening at first. Guards with loaded guns at the entrance to each camp, tanks that just happen to be parked outside a nursery school and soldiers in camouflage uniform and make-up emerging from woodland to head for a NAAFI Break are all examples of normality in a military camp in Germany. Similarly, buildings identified by obscure initials e.g. QMS (Quarter Master's Stores), CATT (Computer Aided Tactical Training) and MRS (Medical Reception Station), as well as archaic terminology such as 'March In' (taking over one's quarter); all mark this community out as something different.

Even later on, when one is established, socialising with military counterparts can still be difficult because of the fact that there are fewer shared understandings and experiences; the onus is on the civilian to make an effort to learn the rules and the language in order to fit in. This is not always entirely possible.

One notable example of this is the fact that whilst civilian partners are sometimes separated owing to work engagements, they never have to be separated because one of them is going to war. Such separations, particularly long exercises or deployments, can forge a common identity amongst Army spouses that civilians, by default, cannot share. That said, families that have a child with special needs, whether civilian or military, do form another embedded community; one that transcends the military versus non-military divide.

### **Mutual support**

In my own garrison area, there is just one other family with a child with Down syndrome. When we meet up it is usually through chance, for example when out shopping or at the medical centre, as there is no organised support group

for children with Down syndrome in the Forces' community. Conversation tends to turn quickly to our children and their progress at school, their health and other issues that have come up since the last time we met, so that we end up spending a long time chatting. For me, this constitutes support and evidences that support need not always be active or formalised; it just needs to be timely and responsive to real need, and can fade into the background for much of the time. Just knowing that it is available is support in itself. This is something that welfare agencies are less able to do because the pressure on them is to do something in order to justify their existence and to prove value for money – especially in times of economic stringency. Yet one of the key forms of practical support that social services in the UK can provide, i.e. advice about welfare benefits and resources, is not provided by the Army welfare in British Forces Germany. This is unfortunate given the complexity of the system, especially for UK-based civilians.

### **Financial services and benefits**

Financial institutions including banks, insurance companies and benefit agencies appear from the data to be poorly informed about the unique position of Army families in Germany. From my own experience, life assurance companies will frequently limit their cover to 'within UK territory', and the very few companies that will provide cover require a vastly increased premium for doing so. One can understand this of course, as there can be few professions more dangerous than active military service. Permanent health insurance is almost impossible to obtain despite the fact that when a family member has a lifelong disability, insurance of this kind is even more important.

It is not only in obtaining insurance that families face difficulties. Another area of concern is that of national welfare benefits. Many staff at the Department of Work and Pensions appear to believe that families in Germany are ex-patriots, so they treat us accordingly. The main outcome of this with regard to Disability Living Allowance is that some children cannot get mobility allowance because the European agreement on benefits covers only the care element. The increasing complexity caused by such practical matters ties in with earlier findings highlighting that parents experience a decrease in

perceived satisfaction with life once a child with Down syndrome reaches adolescence (Cunningham 1997), and that this appears to be associated with a decrease in both actual and perceived satisfaction with the social support being received.

As it happens, my own daughter, Charlotte, is the only teenager with Down syndrome in British Forces Germany, and I would agree that life has become more difficult as she has grown older. This, I must stress, is a societal issue and nothing to do with Charlotte herself. Not only do we find it more difficult to find babysitters, but also, more recently, we have come across problems caused by administrative requirements of the Department of Work and Pensions, who insist on speaking with the client herself. We appear to have reached an impasse in that no one at the Disability Living Allowance unit appears to know what to do to obviate the statutory requirement for an independent verifier to be sent to our home to interview the client, given that we live in Germany.

### **Summary**

British Forces Germany provides a unique environment in which to live. There is the potential for a rich social life, while the community, as a whole, is mutually supportive. The complexity of its relationship in legal terms to the UK means that families' situations are often poorly understood by many agencies in England. The impact of this is most often felt directly when trying to claim benefits or arrangements with UK-based institutions.

Another important difference between British Forces Germany Command and a UK local authority is that there is not full inclusion for children with special needs. Before moving to the area, there is a requirement for all children with additional needs to be registered with the Service Children's Education and with the Chain of Command, through CEAS (the Children's Education Advisory Service). This is in order that an assessment might be made of a child's needs and a decision made as to whether a posting to Germany is actually in the child's best interests. In essence, no provision is available for children with severe physical or intellectual disabilities under the current arrangements. Some families are reluctant to go through this inquiry process for fear that to do so would limit career



opportunities and, thereby, career advancement. In the next chapter, I examine some of the literature around other concerns and issues affecting military families.

## **CHAPTER 5**

### **Literature Review**

#### **Introduction**

The first part of this chapter reviews some of the research literature around issues of concern to Army families, most of which comes out of the US and describes something of the current set up in terms of military research as a whole in the UK; one major ongoing study by King's College London is discussed. Later, the chapter reviews further studies concerned with diagnosis and family adaptation when a child is born with a disability.

#### **Research in the field of service families' welfare**

Very little research has been carried out into the characteristics of family life for serving personnel in the British context – most research that relates to the welfare of service families originates from the US. The Military Family Research Institute at Purdue University has a dedicated team of academics, which has collated a significant and long established body of academic research concerned with welfare issues surrounding Army families (e.g. Kelley 1994; Rentz & Martin 2006). A major focus of research into service family life in the US context has been on the twin notions of resilience and adaptation.

#### **Adaptation**

The theoretical concept of 'family adaptation' refers to the efforts by families to effect changes in themselves and their environments in order to meet their needs and life's demands. Researchers have examined data from the US Army over the last ten years or so (e.g. Bowen, Orthner, & Bell 1997; Bowen et al. 2003; Pittman & Kerpelmann 2003; Pittman 2004) and have concluded that the concept of family adaptation within service families is similar to that of non-service families. A study of particular relevance to the present research is that by Fallon & Russo in 2003. Examining levels of adaptation amongst 253 US service families with young children with disabilities, they concluded that over 90 per cent had adapted well to military life.

It is hypothesised that families adapt at two levels – internal and external. These are seen as reciprocal, with changes in adaptation at one level having consequences for change at the other (e.g. Mc Cubbin & Lavee 1986). Internal adaptation, as a concept, refers to the functioning and interdependency of family members, to their relationships with one another and to demands generated within the family unit itself. It has been summarised as:

*'... the process in which families engage in direct responses to the extensive demands of a stressor, and realize that systemic changes are needed within the family unit, to restore functional stability and improve family satisfaction and wellbeing.'* (McCubbin 1993, p.57)

External adaptation, by contrast, focuses on the level of mutuality or fit between the family unit and its environment. In the forces context, this is the process of family members adapting their relationships to the external Army system and its requisite demands. According to Bowen et al. (2003), the ability of families to adapt to the duty and career demands of an armed services lifestyle is partly influenced by:

*'... how successfully formal and informal networks operate and interact as components of community social organization.'* (Bowen et al. 2003, p3)

Formal networks are characterised by Bowen et al. as the policies and systems operating under military authority as instruments of socialisation, support and social control. Informal networks are classed as those that are voluntary, which tend to be less hierarchical and may include not only personal friendships but also collective relationships through voluntary membership of particular groupings such as sports teams.

### **British research**

To date, there has been virtually no academic research into the effects of having a child with special needs within the context of British Army life overseas. Moreover, there is very little research concerned with family matters

as a whole. That is not to say that there is little research in the field of defence overall; on the contrary, a number of research institutions are dedicated to military matters, the longest established of which is the Royal United Services Institute (RUSI), which was founded in 1831 as an initiative of the Duke of Wellington. Its original mission was to study naval and military science, what Clausewitz (1942) called the art of war, as well as developments in military doctrine and techniques. Defence management and procurement remain central features of its research.

### **The Defence Academy**

Responsible for post-graduate education and training for members of the UK Armed Forces and MOD Civilian Servants, the Defence Academy of the United Kingdom has a number of sites across England dedicated to the development of strategic-level leadership competencies and defence strategy. The Headquarters of Joint Services Command and Staff College and the College of Management and Technology are both based at Shrivenham, whilst the Royal College of Defence Studies is in Belgravia, London, and the Armed Forces Chaplaincy Centre in Andover. The Academy also has sites at Worthy Down and at five universities, namely Loughborough, Aston, Newcastle, Northumbria and Southampton. The Academy has commissioned and produced its own large body of academic literature, but almost all of this relates to geopolitics on a global scale. It is the MOD's primary link with all other UK universities and to international military educational institutions.

Despite an impressive list of recent publications, however, the Defence Academy is not engaged in research that relates directly to service families anywhere in the world (Personal Correspondence, Nov. 2009). This is not intended, in any sense, as blame or criticism – in such a highly complex and fast moving field as modern warfare, and at a time of intense, active conflict in Afghanistan, there are many important issues competing for priority and detailed scrutiny.

### **King's College Centre for Military Health Research**

Closely linked to the Joint Services Command and Staff College is King's College Centre for Military Health Research (KCMHR) in London, which was

established in 2004. This department is the nearest equivalent that Britain has to the USA's Purdue University in terms of research linked to matters affecting military families. It was set up following eight years of litigation on the matter of Gulf War syndrome, which ended when the case collapsed for lack of evidence in 2006. Although no negligence was found on the part of the MOD, not contested in court was the accusation that the research record of this country in addressing military welfare issues is far from good and, in some areas, close to negligible.

Whilst, as its name implies, the centre is concerned primarily with health issues, predominantly mental health ones, the manifesto for the establishment of this government-backed centre makes clear that it acknowledges the wide range of issues that could underlie psychiatric illness in military personnel. Nevertheless, service families per se have not been the focus of research to date (2009) except in oblique terms, through this recognition of the interrelatedness of causal factors underlying mental health.

The main research project of the centre has been a two-part prospective study led by Hotopf et al. (2003), which continued until the end of 2008, examining the physical and psychological health of a random sample of 20,000 UK service personnel deployed to Iraq and Afghanistan. There is to be a follow-up study with soldiers who have left the Armed Forces, to examine the longer-term implications of war and any medical countermeasures taken.

Of those sampled, 76% reported at least two or more vulnerability markers while growing up: 37.5% had been in trouble with the police, 29.8% got shouted at a lot at home, 25.5% had been in fights at school and 3.3% had spent time in local authority care. These results support earlier US research (Brodsky et al. 2001), which found that the decision to make a career in the armed forces often appeals particularly to individuals with personality traits such as sensation-seeking and impulsivity, and these traits are also likely to be associated with pre-enlistment vulnerability. This analysis does not tell us, however, just how many personnel have benefited from the strong sense of identity, career structure and social support that Army life provides, so that the trajectories of their lives have been radically altered. Nor does it tell us about their choice of spouse or their own parenting styles.

## **The Importance of welfare support for all the 'family'**

That said, the authors of the report argue that it is important to recognise that some individuals have pre-enlistment histories that make them more vulnerable to psychological problems. It should, therefore, remain a priority for the MOD as an employer to continue to develop appropriate support systems for all personnel during their service. In fact, the appeal of the Army to recruits from troubled homes could be that the Army sells itself as a substitute family:

*'Most people develop very strong ties of loyalty to the unit, but remember that it is important to support the whole Army family.'* ([www.army.mod.uk](http://www.army.mod.uk), 2007, Accessed 12/09/2007)

This family is not solely British in its form, as many wives are German and there are a high number of Commonwealth soldiers. This diversity within the British Forces community is analogous to an extended family – although geographically widespread, its members are often known to one another within its subdivisions and all share a common identity and set of traditions.

Edmunds & Forster (2007) however, have highlighted that the character of this family is changing, and that there are growing tensions between the recognition of the value of accumulated knowledge and established practices, with the increasing demand for increased flexibility, not only in terms of modern warfare but also in terms of army policy. Increased flexibility in terms of response translates, in human terms, to increased mobility and changeability, with individuals and families not knowing where they will be just a few months – sometimes weeks or even days ahead – which itself creates stress. Alongside this factor is an increasing recognition of human rights of the individual in modern society:

*'Despite sterling service in Iraq and Afghanistan, UK armed forces are over-stretched, under-resourced and under tremendous organisational strain. It is time for a new, pragmatic and public debate on UK defence; one that is honest about current economic, organisational and societal constraints. It will require a more open-minded and flexible approach from senior military commanders;*

*and a willingness on the part of the government to face up to the contradictions that lie at the heart of British defence policy.'*

(Demos pamphlet: Out of Step: The case for change in the British armed forces. 5 November 2007)

Edmunds and Forster (2007), writing for the think-tank 'Demos', concluded that there is an emergence of fundamental tensions in the organisational structure, the chain of command, caused by increasing legal interventions and individual and societal demands. According to their interpretation, service chiefs

*'... need to work out what is fundamental to the operation of the Services and what is simply custom and practice, and use this knowledge as a progressive tool to shape change.'* (2007, p.15)

Because these tensions, they believe, are testing and challenging traditional military customs and practice.

### **Resilience amongst army wives**

Despite the rapid advances made by the feminist movement in civilian society, the wives and indeed the girlfriends of service personnel make up a group who, generally, have little control over major events in their own lives. Officially a 'dependant of', and described as an 'army wife', a woman married to a serviceman finds that her life can be highly unpredictable in terms of location, family role and threat level. The increasing regularity of postings means that couples often face long periods of separation, often at short notice. Moreover, the separation very often occurs nowadays because the soldier is preparing to enter a conflict zone. Research shows that such family separations produce uniformly high levels of stress among Army families, even without the threat of imminent death to the soldier (Schumm, Bell, & Tran 1993).

As in all times of warfare, when the men leave, the women are left to take on all the responsibilities, so that they become, in effect, temporary single parents. When the soldier returns, roles within the family normally have to be renegotiated and adjusted. Furthermore, for families with a child with

special needs, there is a constant tension between the soldier's commitment to operational duties and the welfare of the family. In their 'History of the Military Wife', Alt and Stone (1991) describe the military wife as a 'special kind of woman':

*'It does take a special kind of woman to be a military wife. She must be a patriot, and a helpmate, lover, comforter, and confidant to her husband. As one reads the early diaries or hears the stories of women who have experienced the roller-coaster ups and downs of military life, it becomes clear that a military wife must be courageous and resilient, and have a sense of humour. Her husband and his job will always come first; to be a good military wife, she must cheerfully yield satisfaction of her needs and desires to the needs of the military. It is neither an easy life nor one to which all wives can adapt, but those who do are part of a heritage rich in sacrifice, adventure, and fulfilment.'* (p.vi)

Written less than twenty years ago, it is difficult to accept this analysis and to believe that a woman nowadays would be prepared to be so subservient to her husband and, by extension, to the Army. Yet a study by Dandeker & French, as recently as 2006, examined the extent to which military personnel and their spouses encounter conflicting pressures during a six-month period of deployment in Iraq and concluded that wives generally are stoical and resilient and accepting of the high demands of the Army. This is a conclusion supported by data from a survey that the MOD itself conducted in the same year (2006), when 6,000 questionnaires were sent out in a first attempt to uncover the views of service wives. The majority of those questioned said that being married to, or in a civil partnership with, soldiers and officers had had a serious effect on their own career prospects, and that Army life, with its frequent house moves, had had a negative effect on their children's education. Yet, despite this, as well as having to come to terms with any mood and behavioural changes in their spouses following deployments, few had sought help, preferring to be stoical and to suffer in silence.

Evidence from the Dandeker & French study (2006) suggested that the financial security provided by the Army often outweighs the negative impact of its demands on family life. Even at the end of a deployment, 88% of wives



reported that they wanted their husbands to stay in the Army for financial reasons.

Unsurprisingly perhaps, it was separation due to deployment on active duty or training that was reported as the main cause of work-life tension between families and the Army, the absence of fathers at key family occasions being cited as a really significant cause of strain. Despite this source of tension, the researchers found that wives often appeared to become increasingly robust psychologically during a deployment, by having to take up roles of increased independence and responsibility. The temporary nature of this change can, however, be the root cause of subsequent tensions. When the absent parent returns from deployment or long-term exercise, there is a need for a reorganisation within the family again, often with an expectation on the part of the returning soldier regarding the re-establishment of previous family roles.

### **Segal's framework**

In 1986, the American researcher Mady Segal described a number of ways in which the demands of a military lifestyle may lead to negative outcomes for service family members. She identified four key features of service life as sources of significant stress on family life:

- geographic mobility
- residence in foreign countries
- periodic separations from family
- risk of injury or death to the service member

Other demands identified by Segal included long and unpredictable duty hours, pressures for military families to conform to accepted standards of behaviour and the masculine nature of the organisation. Segal hypothesised, however, that it was the interplay of the four in a combined pattern of demands that makes the military unique relative to other occupations, and that not everyone in the military will experience all of these demands at once. It might be argued that with repeated tours, first into Iraq and then to Afghanistan, the four principal stress factors identified by Segal, as outlined

above, are likely to have been experienced all at once by many service personnel and their families.

The assumption that this would create intolerable demands on the individual and on family life is supported by a more recent study by Rona et al. in 2007. This research concluded that the rapid pace of military operations could be placing increased strain on the families of military personnel, lowering morale and increasing outflow from the Army. This can be tied in with Edmunds & Forster's assessment later in the same year (2007), which asserted that pressures within the MOD were increasing.

### **Resilience amongst families of children with disability**

Just as it is important not to assume that all soldiers with fragile childhood experiences will suffer from mental illness, without acknowledging the mitigating benefits that being a member of the armed forces structure might well bring, so it is vital not to assume that all families are disadvantaged by having a child with special needs. Beresford (1994) recognised that many studies of families caring for a disabled child have sought to describe only the stresses of care and their adverse effect on family welfare, so she sought to examine the positive aspects too, viewing parents as actively managing their situation rather than being passive recipients of 'an onslaught of stress' (p.3). Whilst recognising the numerous stresses that parents can face, her study concluded that, first and foremost, parents thought of themselves as parents rather than 'carers' and that pleasure and satisfaction gained through the relationship with the disabled child were the fundamental reasons why parents felt able to continue to care for their child. Beresford's other findings highlighted that:

- Most parents found the stresses associated with the care of their disabled child to be wide-ranging, unrelenting and sometimes overwhelming.
- Parents actively sought to deal with these stresses, using a range of strategies to overcome or manage the problems and difficulties they encountered.

- Parents valued services that allowed them to retain the normality of family life, and were reluctant to use services that seemed to disrupt this support.
- Support from informal and formal sources, money, practical resources and personal qualities were important in helping parents cope. However, if parents felt that services provided for their child were inadequate or unsatisfactory, this could be a major source of stress.

A study by Hamlett, Pellegrini & Katz (1992) investigated the impact of childhood chronic illness because of asthma or diabetes within a family context. The researchers found that psychological adjustment of the child was significantly related not only to the chronic illness but also the family functioning and the resources available to the family, including maternal social support. An important aspect of the study was that it highlighted the fact that family responses to disability might differ according to the nature of that disability: differences were found between the responses of mothers whose child had asthma and those whose child had diabetes, even though both are chronic illnesses. The mothers of asthmatic children reported a greater number of internalising behaviour problems in their children, perceived their own social support as less adequate and reported a greater number of stressful events.

### **The 'Down syndrome Advantage'**

A considerable body of the research literature concerning the impact of disability has been carried out with families who have a child with Down syndrome. Many studies within the field have sought to compare children with Down syndrome and their families with those who have other conditions such as autism or Fragile X syndrome (e.g. Ricci & Hodapp 2003; Abbeduto et al. 2004; Pisula 2007), the results of which show generally that parents of children with Down syndrome have higher levels of well-being. This has become known as 'the Down syndrome Advantage.'

A study by Stoneman (2007) reported findings consistent with the 'Down syndrome advantage' found by other researchers. Of most interest in this

study, however, is that when the variance factor attributable to income was removed from the data, the Down syndrome advantage disappeared. Another possible explanation for the advantage is that samples have not always been directly comparable, and parents whose children with Down syndrome are functioning more poorly chose not to participate. Nevertheless, much of the research indicates that a child with Down syndrome does have an effect on family interaction. This effect might be the actual outcome of the disability, but might also be a function of the expectations those others in the family have regarding the disability, so that dyadic interactions with the child are altered. Other effects reported may be due to altered expectations of, or satisfaction with, the parental role, as well as parents' restricted opportunities in terms of leisure or career. In contrast, positive effects are possible through the parents' identification of a particular purpose in life, or the development of particular talents that might not have been called upon in other circumstances (Scorgie & Sobsey 2000; van Riper 2003; van Riper 2007).

### **Hearing the news**

Difficult or troubling news has been described by Buckman (1992) as news that substantially and negatively alters people's views of their future. Hearing such news can elicit profound negative reactions, while receiving difficult news about one's child can be particularly devastating. Initial reactions to this type of news can include anger, shock, grief, self-blame, tears and disbelief (Heiman 2002). While these types of intense negative responses to receiving bad news are commonplace, the response of each parent is unique. Some parents may hear news that seems quite disturbing, but react with apparent equanimity (Auger 2006). Conversely, some parents may view the news that their child has a disability with distress, while other parents may view the same news with acceptance and relief (Heiman 2002). From the research literature, it appears that the birth of any child with a disability is likely to affect the family system in many ways, from the micro level of dyadic interaction to the macro level of the cultural views guiding parental perceptions about a developmental disability (e.g. Hodapp 2007; Cuskelly et al. 2002).

## **Summary**

There is a paucity of research into the everyday lives of service families in the British context. Most of the research done has been in the US context, where the twin concepts of resilience and family adaptation have been identified as key, underlying themes. Four principal sources of stress are recognised as particular to service life – geographic mobility, residence in foreign countries, periodic separations from family and risk of injury or death to the service member. Evidence that is available to us from questionnaires indicates that whilst most British Army wives find these issues stressful, particularly the periods of prolonged separation, most are stoical about the demands placed on them and are able to develop effective coping strategies and states of independence.

Such adaptations are temporary and repeatedly reorganised with each new separation. Research evidence from the field of families who have children with disabilities highlights that the need for permanent adaptation occurs with the birth of any child with a disability. This is discussed more fully in the next chapter.

## CHAPTER 6

### Emerging Themes 1: Diagnosis

#### Introduction

This chapter provides my interpretation of the themes that emerged from the data related primarily to diagnosis. It begins with a brief, more general discussion about the nature of data collection and narrative interpretation, and includes an autobiographical note.

#### Episodes, themes and images

Together, the stories in this sample provide a coherent pattern of cross-case similarities. Although each story is unique in many ways, I have tried to identify what Bartaux (1981) calls a 'saturation' of various episodes, themes and images across the cases, i.e. the attainment of a representative sampling of data. The overall impression that comes from examining the data in this way is that there is deep ambivalence about living in the Forces community in Germany. Whilst some of the stories recounted in the interviews provide examples of issues that appear to be common to all families living in British Forces Germany, others appear to be specific to families when a child has special educational needs or a disability. Whilst recognising that the stories I gathered are personal to each participant so that there will always be differences amongst them, similarities, where they exist, provide useful pointers towards future directions for further research, as well as having implications for future policy.

#### Autobiography and memoir

In the attempt to explain the recent popularity of the autobiography, American author Francine du Plessix Gray (2006) characterises the difference between memoir and the autobiography in the following way:

*'... memoir is less mediated and more like a patient/doctor relationship: The writer is on the couch talking: you, the doctor, are reading with passion and interest, and listening, as good doctors must listen, and at the same time*

*putting it through the mill—as any good doctor would—of your own consciousness, memory, and experience.'* (In an interview for 'The Boston Globe 2006)

Such a view has much in common with current developments in narrative inquiry, which emphasise that self-construction is accomplished in narrative discourse (Bruner 1997) such as life stories (Freeman 2001) or in small and often fragmented stories (Georgakopoulou 2006). Chief among the surprises I had through undertaking this research and engaging with others' accounts is the strength of residual anger that remains because of what I saw, and still see, as incompetence of the primary healthcare system when the diagnosis of Down syndrome was made against my will in pregnancy. I had expressly requested no antenatal testing, yet my blood sample was tested for Spina Bifida and Down syndrome. Whether or not this occurred because of ineffective systems or worse – that there was a systemic arrogance that they as professionals knew better – I shall never know, because no explanation was ever given. Whatever the cause, I feel that I was robbed of the entitlement to the happy final pregnancy of my imagination. The expressions of anger and frustration that recur through the data resonate with my own feelings, and it is vital that I own up to this in the interests of making the context of the research analysis open to scrutiny by the reader.

### **Canonicity and breach**

Narrative inquiry already takes as a given that people may exclude details of events or exaggerate aspects of stories (Ezzy 2000). In 1991, Bruner published an article entitled 'The Narrative Construction of Reality' in which he defined key elements that characterise narrative. One of these characteristics is exceptionality to a norm. Stories, Bruner argued, are about something unusual, something that 'breaches' the canonical (i.e. normal) state. Depending on the severity of the disability, the event might even be traumatic. Receiving news that one's child has a disability is highly likely to be of this order.

## EMERGING THEMES

### On diagnosis

What is certainly clear from the data is that finding out that one's infant or child has a disability is a major life event. People wanted to talk about it because it was an event that changed their life forever; the recounts they gave all had shared characteristics – not only in terms of the shared experience, but also in the narrative form. One mother remembers the scene as if it were a tableau, with each actor having an allotted role and placement in the room:

*'I remember it as if it was only yesterday. The news was broken to us in the hospital room. The doctor stood in front of me; my husband was in the corner of the room. It was explained to us that our child had got Trisomy 21.'* (Steph)

This account fits into a well-recognised form of recall whereby certain elements are prioritised and others excluded, which relates to traumatic events. Terr (1994) distinguishes between two types of trauma. Type I traumas involve single, surprising, well-defined events that leave fully detailed traces in memory. By contrast, Type II traumas are repeated, sometimes in a varying manner, over a long period of time. According to Terr, such events invoke defences such as denial, psychic numbing and dissociation, with the result that they are poorly remembered. This clarity of recall for intense experiences is well documented in psychology. Often referred to as 'snapshot' memories, such events are remembered either as frozen in time or in very slow motion.

In 2007, neuroscientists Stetson and Eagleman set out to examine two alternative explanations for this effect, positing that either there is a trick of memory or a speeding up of the brain's processing speed during incidents of intense stress, so making events outside events appear much slower by comparison. As a result of these studies, Eagleman (2008) has now attributed the effect to memory whereby an intense experience rivets the attention and causes an intense firing of neurons across the brain:



*'Your brain is on fire... You lay down denser memory... Richer memories seem to last longer because you assume you would have needed more time to lay down so many details.'* (p22)

Despite this understanding about traumatic memory, and whilst there are many anecdotal accounts, especially in newsletters and online discussion groups for parents who belong to a dedicated group, e.g. the Down syndrome Association, a surprisingly small amount of academic work has focused on the effects of diagnosis of a disability on parents. Infants with Down syndrome are easily recognised after birth on the basis of physical characteristics such as short ears, a fold of skin on the neck, a palmar crease and hypotonia, with confirmation through genetic karyotyping. Conveying this news to parents, however, presents a formidable challenge to most doctors, many of whom admit that they have little, if any, training on how to deliver such information in a sensitive manner:

*'The doctor himself who told us the news, he was a very nice doctor. He had actually tears in his eyes when he had to tell me for which, I don't know if it made things worse. Looking back at it, it was a very nice thing, very human.'*  
(Nadia)

Memories of diagnosis such as this would, according to Terr's rubric, be a result of Type 1 trauma. All the accounts given to me about diagnosis and events afterwards are notable for their clarity and sharpness in detail; I noted too that the person who broke the news was a particular point of focus, with some aspect of their movement, their position or the words they used recalled in detail. Any other adults present, including the remembered self, appear fixed in a place, remembered as part of a spatial arrangement as though they were protagonists in a murder mystery:

*'He told me that he had discovered that my baby had "short upper arms and short upper legs." And it sounds funny but I convinced myself at that point that he was about to tell me that my baby was a dwarf, so I was trying to picture a child with short upper arms and short upper legs. I'd never even realised at that point that children with DS had short upper arms and short upper legs. So, I*

*was preparing myself to hear that my baby was going to be a dwarf. I was sat there thinking, "A dwarf? Well, that's not that bad; my husband and I are quite short anyway." And then he said he'd also discovered she had a small nasal bridge and short fingers. I really didn't know what he was going to say next. And then, he sort of leaned forward and very gently told me that it was his opinion that my child had DS. At which point I burst into tears and I don't think I heard very much after that.'* (Rosemary)

This account ties in with laboratory research undertaken by Safer et al. (1998), who found that subjects comprehend a neutral scene by automatically extending its boundaries and understanding the visual information in a broader external context. However, when a scene negatively arouses subjects, they process more elaborately those critical details that were the source of the emotional arousal, and they maintain, or restrict, the scene's boundaries. Such greater elaboration of critical details and more focused boundaries results in so-called 'tunnel' memory.

### **On diagnosis**

Despite the fact that prenatal testing for Down syndrome is now available from the eighth week of pregnancy, a survey by Stotko (2005) found that 87.5% still receive the news post-natally. His analysis of the causes of such a surprisingly high figure is that such testing is still not routinely offered to women until they are over 35 (although a woman can specifically request prenatal testing). This means that many younger mothers usually find out that their baby has Down syndrome after the child is born. In addition, many of those mothers who are given an opportunity for definitive prenatal testing opt out of it for religious or personal reasons. This analysis is, in large measure, borne out by the present study. One of the mothers had not been offered screening and learned of the diagnosis after the birth, while the other, who was tested in the late stage of pregnancy, chose to continue with the pregnancy nevertheless.

At the time of diagnosis, none of the participants knew very much about the condition, but each had negative first thoughts in response to the term 'Down syndrome':

*'I didn't know much about Down syndrome. I did some of this in the biology lessons at school, so I remembered about the chromosomes, but obviously I'd no idea – the only thing that popped into my head was that they look different, and that's what probably I could see in him, even though it wasn't that obvious. That's why I didn't ask straight away, does he have Down's? But I know that he looked a little bit different. His ears were very small and he was so sleepy, but that's about it, that's all I knew about Ds. I have no relations in the family who have got Down's. The family, especially for my parents as I am German, for them the same reaction. All bad things pop into your mind when somebody says Ds.'* (Nadia)

*'Nobody can tell you what the future's going to hold, all you get is this, this leaflet, "Your Child has Down syndrome," which I did read pretty much soon after he told me. And you read about all these awful things they could have. Obviously, in that moment, you think: my child's going to have all of this. My child's never going to be able to walk, he's going to be constantly at the doctor's etc. And it was very sad really.'* (Rosemary)

When Steph's baby was born, the strength of imagery that flashed into her mind and intensified her distress was caused by the fact that her baby's condition was actually described not as Down syndrome but as 'mongolism.' This is perhaps just a little less startling when it is remembered that the baby was born in a German hospital, because in Germany the term 'Down syndrome' is still much less well known to most people than is 'mongolien.' The doctor may well have made the assumption that Jennifer herself would understand this term more readily and without pejorative associations. This is a hospital though that the British Army had used for over 13 years at the time of this diagnosis. For doctors not to have been made aware of the negative connotations of the term, might be seen, at the very least, to be something of an omission by British secondary health care advisers:

*'The paediatricians in the local Kinderklinik waited 24 hours before they told us. They said they'd waited 24 hours because they'd been waiting for the facial features to develop to confirm the diagnosis. It was explained to us that our child had got Trisomy 21. We said we didn't know what that was. He said that "Germans still often refer to it as mongolism." As soon as he said that, I had a flashback to when I was at school when people used to call you a "mong," cruel as it may sound.'* (Steph)

Jennifer's son has diabetes, which was not as easily identifiable as Down syndrome, but she believes that her son was caused pain and severe trauma owing to a delay in diagnosis that was unnecessarily excessive:

*'I went to the doctor's and they said it was a common cold and we were sent away. At the next visit, I was reassured once again that it was a common cold. By the third visit... he was not taking fluids any more but weeing a lot, and, in hindsight, that's fairly symptomatic of a type 1 diabetic. Then, having just left the doctor's, he drifted off into a coma and I raced him straight off to the hospital where he was so severely dehydrated... we had to give our permission to have them drill through a bone to get a drip in to give him fluid. There was no time for anaesthetic. I've got to say that it was traumatic because I will never, ever, ever want to hear that scream again. It was horrific. So that's how the news was broken.'* (Jennifer)

Diagnosis was also delayed in Nadia's case because a doctor was not immediately available. She and her husband had to wait a day and a half to learn that their baby had Down syndrome, by which time they had already announced the birth to family and friends. It appears from her account that either the nurse was inexperienced and genuinely believed that the baby was not disabled or that she went too far in attempts to stall and to reassure before a doctor could make the diagnosis:

*'My son was born in December and we found out 36 hours after he was born that he had Ds. I was a bit worried about him because he wasn't like the other children and I had a feeling something was wrong with him. But the midwife kept, just kept saying, "No, he's fine, he's just a bit sleepy," which was very upsetting to me because I kept asking for the doctor and they wouldn't get the*

*doctor to me in time because they said he was busy. It was very bad, because we told all the family that he was born and he was fine, and then 36 hours later we had to phone everyone and say, actually, he's not fine, which was very upsetting for everybody. Especially when we hadn't phoned up people and they phoned up happily to congratulate us, and we had to tell them. It was very... it was very upsetting.'* (Nadia)

Nadia uses the term 'us' at the start of the following account. In fact, as the rest of her description of events shows, she ought to have said 'me', as her husband was back on duty when the doctor eventually came. Her reference to the doctor only having a certain slot available gives some indication of an overburdened NHS neonatal ward. She describes the experience as being like a nightmare:

*'The worst thing was my husband wasn't there at the time when they told me, because the doctor only had a certain slot available which was when my husband wasn't in the hospital, so I had to call my husband in. I had to lie to him on the phone to say: "Can you please come in because I'm struggling here." So he came in and I had to tell him. I was very protective of my baby already, even though, in a way, it didn't really. I don't know. It's hard to say what I felt at the time, just really, why me? And it was a bit of a nightmare. I was hoping I would wake up any minute.'* (Nadia)

Like Nadia, Jennifer too talks of a nightmarish surrealism:

*'We were in complete denial and thought it was a very cruel joke. Probably the first real shock either of us had experienced and, and we really couldn't come to terms with it at all. It's surreal and you feel somehow you're watching your body from above, and it's traumatic still, the sound of that scream and knowing what they were doing.'* (Jennifer)

Rosemary spoke of denial as an attempt to claw back the dream of perfection that she felt slipping away during the diagnosis. At the time of the interview, Rosemary's daughter was only a baby and the memories of diagnosis were still very raw:

*'I started (very upset at this point) to think well maybe he's made a mistake. He could be wrong, how can he know at that age? People make mistakes. Maybe he's done the measurements wrong and so I asked if I could have an amniocentesis because I wanted to be certain, although I knew in my heart of hearts that he was right, but you can't argue with science but I wanted to be a hundred per cent certain so I asked for an amniocentesis. He looked at me and said: "Well, you're 29 weeks pregnant" and I went: "Yes I know that bit. I know it's too late to do anything. I just want to be certain. I have to know." I think that was my last attempt to, to grasp, I hate the word normal, but it's the word that most people would use, it was my last attempt to grasp my normal baby, my perfect little girl.'* (Rosemary)

### **On reorientation**

Jennifer touches upon the swift change in identity from parent to 'parent of a disabled child' without any prior warning:

*'Disabilities happen to other people; that seems to be how humans think. And so then you're struck when something throws you completely like this. Suddenly you are in the statistical pool of somebody that has a disabled child. Then obviously, although you have no expectations to begin with, life changes completely. It tips itself upside down and you simply cope.'* (Jennifer)

Jennifer's mental picture of the child growing into the future had suddenly been cut completely and there was the sudden realisation that personal and family plans had been changed without her having any control, but somehow she adapted and coped.

### **On not having a diagnosis**

For two mothers the issue was not so much the timing or effects of diagnosis as the frustration of not getting a diagnosis:

*'At the moment, we are starting to get fairly annoyed with certain professionals who will not get in touch. We've been pestering them for a while now to find out what my son exactly has got wrong with him. We just keep getting told that it is*

*due to him being early and we have consulted some people and they just say that it's normal behaviour, which we don't believe it is.'* (Val)

*'I was worried in case he had Asperger's or ACD, OCD or whatever it is because, as I said, he is fantastic with some things and not with others. He doesn't like change, only routine and things like that. But the way he's come on in the last four months, I don't know. Like I got there (to the paediatrician) and I thought: "I feel like a right liar now!"'* (Rebecca)

### **On support**

The data in this study provide support for prior research indicating that interactions with health care providers can have a critical impact on how families respond following the birth of a child with Down syndrome (e.g. Cunningham, Morgan, & McGucken 1984; Murphy & Pueschel 1975; Pueschel 1985). Rosemary was fulsome not only in her praise for the GP aware of the beneficial impact that he had, but also how different things might have been if they had had a posting elsewhere:

*'Another great support I had was my GP, brilliant, brilliant GP. Very supportive, very understanding, lovely guy. But of course that could have been a different story if I had been posted somewhere else. Then he wouldn't have been my GP and maybe the one I had then wouldn't have been anywhere near as good as he is. I truly rate him as quite possibly the best GP I've ever had. So that was a great support. And having yourself, Christine, to talk to and my friend in JHQ.'* (Rosemary)

There are mixed views about the effectiveness of support systems within British Forces Germany. Rosemary felt that support was inadequate:

*'Another thing that makes life difficult is the lack of support. When I found out that B had Down's, I really needed to speak to someone who knew about the syndrome, about Down's, and that was qualified to help me, you know. It didn't even have to be the parent of a child with Ds, just somebody that understood the emotions. Even a counsellor who had experience of dealing with parents, been through similar experiences would have been great. But there was*

*nothing like that. I spoke to the Down syndrome Association in the UK but then you've got your phone bill mounting up, you've got to be quite careful about that.*

*I think there should be a system put in place so if someone's posted here, or has a baby out here who has special needs, that there is a person they can contact that will help them and will support them. And I really think that would be beneficial to all parents of special needs children, and not just to the parents but to the child as well, because if the parents, you know, are happy and they've got somebody to talk to, then it's going to have an effect on the child. If you're a stressed out parent, that's going to come across to your child, so I really think that both parent and child would benefit from having some form of support system in place.' (Rosemary)*

Steph, on the other hand, felt that the support she received had been good:

*'We have had so much support and help and advice given to us that we actually chose to stay out in BFG. Since my son has been born we have done two postings and they've both been in Germany. My husband will have to put in a preference form for another posting soon and he will again put down a preference to stay in Germany. At the end of the day, our child comes first and what we can provide for him will be the best we possibly can.'* (Steph)

Nadia implied that support had been available to her in the past but was no longer in place, although this was not actually an issue for her:

*'At the moment, I don't really feel I get much support, though. Don't feel I need it any more. I'm very proud of him and what we have done. I'll send you a picture of (child's name) and (sibling) and maybe you can see his cheekiness. I don't think I need support any more, after all I've been through, I've become a lot stronger.'* (Nadia)

There is ambiguity about the nature of support in Nadia's account. She appears to have two forms of support in her mind: support in terms of practical help and support as a foundation or encouragement. What she says corroborates an earlier finding by Beresford (1994), who reported that principal sources of care giving rewards amongst parents of disabled children



were the child's successes or achievements and aspects of the caring role. Beresford (1994) identified the precious value to parents of the smallest achievements made by their children – for Nadia, her son's 'normal' cheekiness is a source of pride.

To Val, without a named individual leading a coordinated plan, it appears that support lacks continuity, leading to mistrust and a belief that there will be few, if any, outcomes from meetings that will actually benefit her family:

*'The care that we receive is too changeable. I don't know what's going on anymore. There's so many people. And they say one thing then someone else says another. I don't believe anything they're saying now, like.'* (Val)

Val thinks that good intentions are less likely to be followed up, and so has become cross and frustrated by mixed messages:

*'At the moment, we are starting to get fairly annoyed with certain professionals who will not get in touch. We've been pestering them for a while now to find out what my son exactly has got wrong with him. We just keep getting told that it is due to him being early and we have consulted some people and they just say that it's normal behaviour, which we don't believe it is.'*

Furthermore, Val believes that some support professionals present themselves as dynamic in front of colleagues in meetings, but then they fail to deliver – resulting in no real outcome from the discussions. This leads her to feel repeatedly let down and isolated:

*'At the next complex needs meeting a member of the Unit Welfare Office attended and said in front of everyone that if I needed anything then all I had to do was pick up the phone. I did that and look what happened! My husband got a right bollocking from his boss: "Why're you letting your wife phone up?" and all that. They promise everything in meetings and afterwards you're on your own again.'* (Val)

This could have been the result of an accidental lack of communication between the Unit Welfare Officer and the soldier's immediate line manager

rather than a deliberate deception, but, whatever the reason, such a lack of communication clearly leads to distress and distrust. When I spoke to a Unit Welfare Officer about this, he defended his colleague's position by saying that a lack of training causes considerable stress to the officers themselves. It was not clear from talking to him that there was even a temperamental assessment:

*'You're expected to break bits of limbs off people on the Friday, then on the Monday you're supposed to go in all Mr. Pink-and-Fluffy.'* (Unit Welfare Officer, 18 October 2008)

He said, when asked how he deals with the pressure of the job, that he receives almost no support or supervision:

*'Well, you've got the gym. That's about it. I'm married-unaccompanied, so living in the mess. Well, you can't discuss things with the blokes there because it's all supposed to be confidential. I talk to my wife on the phone but that's not really much good, you don't want to talk about just work. That wouldn't be much good for a relationship would it?'*

There was also 'black humour' too, he said. Although no names and specifics were mentioned, he related how at a recent meet up with two other Welfare Officers the three had exchanged anecdotes about issues and laughed about their respective cases:

*'A bigamy? I haven't had one of those yet. Are you fixing up two married quarters then?'*

When support was most valued, it appeared to be where one individual had built up a trusted bond with the family. Jennifer, for example, is very clear about who she would turn to first, finding in him a constant source of reassurance:

*'... has given us most support without a doubt. I think given any other character, any other professional filling that position, perhaps it may not be the same. But ... is one of the most humane, genuinely caring gentlemen we have'*

*ever met. He is superb at his job and for that reason he's attractive to speak to when we have a problem.'* (Jennifer)

The job title or role itself appeared to be much less important than the personality and the dedication to personalised outcomes:

*'I love our family officer. Have known him and his missus for years and years. Became our officer a while back. He was the only one that listened and did something to get it sorted.'* (Rebecca)

Two important issues emerge from this data. Firstly, support, both in terms of practical help and personal encouragement, appears to be patchy across BFG. Secondly, when there is no single person coordinating and linking up care and support, parents and professionals can separate en bloc into two opposing entities, each to the other becoming the faceless 'they.'

### **On immediate support from family**

Many parents turn to friends or family members to help cope with the difficult news, but grandparents are also affected by a diagnosis of disability, and as Nadia's account suggests, it is only through interaction with the baby that negative, preconceived images that might have been built up over the years can be effectively dispelled. Such a process can take a long time when grandparents are unable to have very early, and frequent, contact with their grandchild because they live in another country:

*'I think my parents took a long time to get used to the news and I think it's only now that we're here in Germany that they can see him and he is absolutely lovely. He's thriving and he's doing all the things he should do, and they're so proud of him. It's nice they can see him so much now.'* (Nadia)

Reactions from friends or family members are generally, but not always, supportive; one group of parents reported that 28% of the people they turned to for support upon hearing that their child had a disability reacted to the news with shock or profound sorrow (Heiman 2002). Indeed, friends and family

members may have their own grief reactions to the difficult news that add to, rather than relieve, parents' stress (Kerr & McIntosh 2000). It was certainly so in my case; my mother's first, and apparently bizarre, reaction to the news that Charlotte had Down syndrome was 'Oh no! Does that mean she will always be in nappies?' Just recalling this still causes my stomach to tighten with tension; those key points short-cut to a complex web of fragmentary visual and auditory flashbacks that bring with them quite intense emotion. In that single phone call, I was robbed of the chance to enjoy my final pregnancy. Although too stunned to speak, inside my head I was shouting:

*'Why didn't you listen to me? Why didn't you listen to me?'*

I had told the doctor very firmly that, despite my age, I did not want to have any testing done. He had promised that my wishes would be followed but they were not, because a triple test was carried out routinely, after which the GP was obliged to phone me. Even now, I am shocked to discover that I still want to rant at that doctor and nurse. Really rant. I have learned, through conducting research that was intended to be about others, that words alone are able only to convey those things that can be put into words, and that those words can become formulaic about scenes that have become telescopic over time – perhaps as a defence mechanism to keep feelings at bay. I suddenly understand too that when he gave his cursory account, Neil, my husband, was trying to protect me in that he glossed over the painful details, and I am reminded that the stories that people tell about the most sensitive areas of their lives are coded already and are fragile things. We qualitative researchers need to heed Yeats a little more perhaps:

*'I have spread my dreams under your feet,*

*Tread softly because you tread on my dreams'*

(From: "He Wishes for the Cloths of Heaven" by W.B. Yeats 1899)

## **Rosemary's baby: a meeting of (un)equals?**

I have included the fairly full account that was given to me by Rosemary regarding a meeting held in hospital prior to discharge after the birth of her baby, and I make no excuse for doing so because it turned out to be a key link in a tragic chain of events. There were many hesitations in the account, which I have removed for ease of reading, but nevertheless they need to be acknowledged because they were clearly surface features of much deeper distress:

*'In fact, we've been told her birth will affect his career. You know, my husband's been told that. The day that she was discharged from the intensive care was one of the happiest days of our lives but it was overshadowed by the military coming into the hospital. We'd been told by the German doctors that she could come home on the Friday, but the Army refused to accept her care into the medical centre until this meeting had been held, which is wrong. There are a lot of things that happen over here, which simply wouldn't happen in the UK and shouldn't happen, most definitely shouldn't happen.*

*If I'm told that my child is well enough to come home, the Army shouldn't be allowed to stop that. I completely disagree with that and if this meeting was so important to them then they should have had it beforehand. You know, it shouldn't have happened but it did. So they had us stay in hospital 'til the Monday and they had a meeting in a room opposite B's bedroom. The room that they were in had lots of mirrors... no, not mirrors... I mean windows, all around the room, and so my husband and I could see into this room but we weren't invited in to take part in this conversation, which is horrible because they're in a room talking about you and your child and your future and you're not party to the conversation and you should be!*

*Anyway, when we were invited in, they sat us down and said that we should be posted back to the UK. There were a lot of things said, but one of the things that really sticks in my mind was from a Major, she was a Major. She looked at my husband and said:*

*"You may as well face the fact that your career in the Army is now over."*

*I was furious. I just got very angry and said how can you say that? How can you say that he's gonna be any better or any worse at his job because of a child having disabilities? It's ridiculous!* (Rosemary)

That one's employers should determine the timing of the baby's return home is inconceivable to those unfamiliar with the Army system. I asked Nancy, who is a nurse, whether this was normal practice. She agreed that it was:

*'Well, there's a meeting before the discharge called a "discharge planning meeting," then we would look at things like the medical needs, the family and what their needs are as well as the military's needs and the ongoing care that that child would need. It would have to be a panel decision really. Even if they're on the German net we would have to look at it and ask if it's sustainable. They're all individual cases, but when I was in the UK, for instance if you had a child on a ventilator like that, you'd have a big team, a community team and that's their specialist job. But we don't have that here.'* (Nancy)

Rosemary had no issue with the meeting per se; it was the way in which the meeting was conducted that so upset her because they had to watch and wait until invited in – it was as clear a symbolic demonstration of power as it is possible to have. The sense of being totally controlled by others is evident not only in the report of the commanding officer bluntly delivering the news that her husband's career was effectively at an end, but also in more subtle ways. In the same report, for example, Rosemary uses the telling phrase 'They sat us down', not 'We sat down' or 'We were invited to sit down'. With this phrase, Rosemary conveys her perception that she and her husband were controlled not only in a psychological sense, but also in a very real and physical way.

Another quite remarkable feature of this recount is the willingness on Rosemary's part to assert her own autonomy in the face of such an intimidating show of command. In her account, Rosemary located herself as her baby's mother, not as a member of HM Forces through marriage. This attests to her having maintained a strong sense of personal identity rather than having become a dutiful Army wife who had assumed her husband's rank.

Equally noteworthy is the silence and apparent inaction of her husband. I must stress that this is in no sense to imply criticism; in fact, it is hardly surprising. As a serving soldier on the lowest rung of the chain of command, his right to voice dissent is very limited. In the precariousness of his social position, coupled with his own vulnerability as the father of a new baby with a disability, silence was the only real option. To speak out might lead to reprimand, a message that the physical situation itself was massively amplifying. The Army Code itself says:

*'As a guiding principle, all soldiers must know their places in the Chain of Command: who is their superior, and who are their peers and subordinates.'*  
(Army Code No 71642, February 2000)

Making reference to Freire (1970), Kathy Charmaz reminds us that:

*'The "right" to speak may mirror "hierarchies of power" only those who have power dare to speak. All others are silenced. Then too, the powerless may retreat into silence as a last resort.'* (p. 527)

As matters turned out, the young soldier's silence might have also been a sign of despair. To be able to cope heroically is something that a nation expects of its armed forces, but this can sometimes have tragic consequences.

### **On depression**

The most shocking account of all in the data was a description of the suicide attempt by Rosemary's husband following being passed over for promotion shortly after the birth of his daughter. Rosemary told me that he had tried to hang himself in the cellar of their block of flats following a drinks party for his colleagues to celebrate their own promotions. The full account has been deliberately left out of this report because of the intense sensitivity of the data.

Suffice to say that Rosemary is still bitter about the meeting that was held in the hospital prior to their daughter's discharge, at which her husband was told that his career was over; to her, the meeting looked, and felt, like an exercise of power rather than a welfare meeting. She blames her husband's

suicide attempt not so much on the birth of their child with Down syndrome, but on the chain of command's insensitivity to his vulnerability. Rosemary also blamed the Army's culture for the fact that he did not disclose how he was feeling.

Away from the support of family, and with her husband deployed shortly after their son's birth, Nadia, although not suicidal, also felt isolated and became very depressed:

*'I was down. Ja, I was slightly on the depressed side. It happened not so much soon after the birth but when everything settled down and I could start thinking about things, and that's when I started thinking more about myself. In the beginning I didn't worry about myself at all; it was just constantly my baby, my baby, my baby. It was when things calmed down at about six months, that's when I came down quite badly with it.'* (Nadia)

Nadia's stress had been added to by the fact that whilst diagnosis of Down syndrome was delayed, as it had been with Steph, she and her husband had been told that the baby was perfectly fine. This led the couple to make announcements that later needed modification. It might well have been that the midwife simply went too far in trying to ameliorate the situation and minimise any distress. There is evidence (e.g. Bartolo 2002) that when professionals need to share a diagnosis of a child's disability with parents, they feel torn between providing accurate, realistic information and avoiding saying things that will be painful for parents to hear.

### **On risks in disclosure**

Stress amongst service personnel is now well recognised in the health services, but may, nevertheless, retain some stigma amongst soldiers themselves. Willingness to discuss negative events, even with friends, might also be influenced by the perception of group acceptance and norms regarding certain issues. Although made twenty years ago, a statement by Barbara Hillyer Davis is still important to bear in mind, I would argue, in the peculiarly macho context of the Armed Forces:



*'Permanent disabilities, chronic illnesses, degenerative conditions, and mental disability or mental illness result in different kinds of mourning that are cyclic or recurrent and that facilitate or require coming to terms with a changed, sometimes suffering, self. This process is life changing, because the sorrow be-comes an underlying pattern in the individual's life and because cultural pressures to deny its presence or to cope heroically are strong. The relationship between disability and grief is complex, because it must take into account the variety of disabilities and individuals who live with them.'*

(Hillyer 1985 p.13)

Disturbingly, the Unit Welfare Officer told me that some of his colleagues do view suicide as stupid and attention seeking. He quoted one welfare officer describing a transgender soldier who had survived a suicide attempt as 'confused':

*'He couldn't even f.....g do that right. If he was going to do the job properly he'd've cut his wrist vertically.'*

That many Army suicide attempts are successful has been identified as a significant issue for many years. In fact, the higher rate of suicides in the British Army compared to the normal population was noted as early as the 1830s (Padiak 2006) when the British Army first began collecting regimental mortality data. It is enormously sad that, shortly after I spoke with Val's husband, he too was medically downgraded owing to severe depression. When he told me that he doubted his career would be affected because of having a child with special needs, he added:

*'...it would affect my career more if it was me who had the problems.'*

Given that it was only a few weeks after this that he finally went to his doctor, it is probable that he was already depressed and worrying about what might happen.

A study in 2006 found that at any one time, around 8% of the British armed forces need to be medically downgraded. The reasons for medical

downgrading are poorly documented and understood; there is no formal audit procedure and academic research in the area is scant, so that most accounts are anecdotal. What is clear is that, ultimately, what matters to the Army is operational effectiveness. The standard against which all actions on behalf of a soldier and or his/her family are based is known as the Service Test. This is a single question:

*'Have the actions or behaviour of an individual adversely impacted, or are they likely to impact, on the efficiency or operational effectiveness of the Army (unit)?'*

(Values and Standards of the British Army, 2008. Para. 38)

Research into the relationship between stress and rank (e.g. Wolfe, Brown & Kelley 1993; Sutker, Uddo, Brailey & Allain 1993) has found statistically significant results indicating that lower ranking soldiers experience more stress than their higher-ranking counterparts. An intriguing contribution to these findings has been provided by analysis of evidence gathered by Pittman et al. (2004) from amongst wives of US personnel in the first Iraq war. This study found that 'coping' often became a symbol of competence among wives of lower ranking soldiers during the stressful period of deployment. The hypothesis advanced for this phenomenon was that it was a psychological defence mechanism for those with wives, fewer resources and less status, a means of demonstrating control. It might be hypothesised that within such a framework, acknowledgement of depression would be seen as weakness.

There is no evidence to support such a hypothesis in the present study, nor is the claim that lower ranking soldiers experience greater stress substantiated, with or without a child with special needs. A much wider, cross-rank study is needed in order to make such a comparison. There is, however, a caveat raised by Hillyer Davies (1987) that I think needs to be borne in mind when talking to parents about their child with disability – recurrent grief can be heavily complicated by social expectations so that parents sometimes feel guilty in disclosing any feelings of negativity and sorrow.

Within the descriptions gathered here, I would say that there are frequent and definite swings between positive and negative comments about

daily life. This corroborates the findings of research work by Folkman and Moskowitz (2000), who found that positive and negative psychological states coexisted in the midst of enduring and profoundly stressful circumstances. They concluded that we need to know more about the coping processes which trigger the search for positive psychological states, and the intensity and duration of such states that are necessary to help sustain individuals in coping with everyday challenges.

### **On chronic sorrow and ambiguous loss**

The process of coming to terms with having given birth to a child with a disability has been likened to the well-known grief reaction that occurs after the death of a child. Stages such as denial, anger and, finally, acceptance are recognisable, and the parents are said to be grieving for the loss of their expected 'perfect' child. Although this view has some merit, it fails to address the long-term and varying nature of the readjustment process in the case of the family of a child with long-term additional needs, when sorrow becomes chronic.

The term 'ambiguous loss' has much in common with that of 'chronic sorrow', first used by Simon Olshansky in 1962 to describe the prolonged grief response that accompanies the rearing of a child with a learning disability. The term has since been expanded to describe the recurrence of feelings associated with the grieving process by parents who have children with a wide range of special needs. The components of chronic sorrow have been documented in parents of children with developmental disability (Mallow & Bechtel 1999), prematurity (Fralely 1996), Down syndrome (Damrosch & Perry 1989), neural tube defects (Hobdell 2004) and chronic illnesses (Gravelle 1997; Lownes & Lyne 2000). Chronic sorrow has also been documented in the spouses and caregivers of adults with Parkinson's disease (Lindgren 1996), multiple sclerosis (Hainsworth 1996), chronic mental disability (Hainsworth et al. 1995, and cancer (Hainsworth et al.1994).

In 1992, Joan Blaska further developed the concept of chronic sorrow to coin the term 'cyclical grieving', which describes the cyclical nature of the recurrence of emotions associated with the grieving process. Blaska's observations led her to conclude that rather than experiencing constant

sadness, which the term 'chronic sorrow' implies, families typically move in and out of the 'grief loop.' Cyclical grieving may occur frequently, or it may hardly occur at all. Generally, when these feelings of grief return, they are shorter in duration and less intense than the initial grief reactions. A friend of a friend in the US, who has a child with Down syndrome and heard about this study, wrote to me saying:

*'Each time we get bad news about our children's condition, nothing has really changed – just our knowledge of it. Our knowing, or not knowing, usually will not stop what is to be. The grief is not about a new condition or situation; it is about our lost hopes. When hopes are really expectations of how things should and will be, we are setting ourselves up for grief when those expectations are not met. We have no control over how things will be. The future will unfold as it is meant to – regardless of our shoulds, expectations, and hopes.'* (F.B.)

### **Overt and symbolic control**

Bourdieu & Passeron (1977) wrote of the 'symbolic violence' caused to people when systems and organisations dominate covertly:

*'Every power to exert symbolic violence, i.e. every power which manages to impose meanings and to impose them as legitimate by concealing the power relations which are the basis of its force, adds its own specifically symbolic force to those power relations.'* (Bourdieu & Passeron 1977, p.89)

I am still resentful of what happened to me because control over an important part of my life was wrenched away from me due to the system at the time. This theme of symbolic control, including its loss and re-establishment, has emerged as strongly in the present study as it did in the pilot. This is perhaps not surprising given that it is well documented in previous academic work and in anecdotal accounts related to the effects of the impact of the diagnosis of disability. What is described in the data is the sense of control lost, and identity altered, that can transpire with the birth of a child with a disability. The accounts also express the sense of powerlessness to alter things, especially when one's child is suffering painful medical interventions.

The degree of control that the Army exerts over a soldier's life, in both negative and positive ways, bears a striking resemblance to a feudal system in that it can be beneficial and secure as well as dictatorial and depersonalising. Choices made by individuals are made within much prescribed limits; the Army decides not only where the family will live, but also, indirectly, the friendships that will be made because transience is an unavoidable feature of Army life. High mobility means the frequent loss and re-establishment of personal equilibrium. There are new neighbourhoods to find one's way around and new personal relationships have to be established with neighbours, schools and support professionals. Even when families return to the same garrison, their experience is likely to be that many of the personnel who staffed key roles the last time they had a posting there have moved on and new faces have replaced them. To quote L.P. Hartley in his novel 'The Go Between' (1953), for service families even the recent past might be, quite literally, '*another country*' (p3).

### **Summary**

This chapter suggests that support, both in terms of practical help and personal encouragement, appears to be patchy across British Forces Germany, with a lack of coordinated, planned support offered to new parents of children with special needs. There are also more oblique, but no less potent, issues around control, exemplified by expressions of impotence in the face of bureaucracy or ill-working systems and descriptions of power struggles in the relationship between parents and professionals. Frustration develops when parents feel excluded from decision-making and they believe their opinions carry less weight than those of professionals. Overarching all of these elements is the uniqueness of the British Forces Germany context with its necessarily highly organised structure.

## CHAPTER 7

### Emerging Themes 2: The Instability of Service Life

#### Introduction

This chapter examines some of the issues that emerged from the data related to the high rate of mobility experienced by service families, a feature of life that is shared with few other groups in wider society. Mobility in SCE schools is around 82% in primary schools and 58.9% in secondary schools (MOD 2006). Most children will experience more than three changes of primary schools. This level of change has been such an integral part of life for most service families and for so long that, until recently, it was a taken for granted aspect of schooling.

In recent years, deployments to Iraq and Afghanistan have meant that personnel have been deployed with greater frequency, which in turn has caused increased turbulence for families. It must be remembered that absence owing to deployment does not solely mean time spent in theatre but also periods of extended training, for example in Canada, prior to deployment itself.

#### On deployment

The data supported Rona et al.'s (2007) findings, which concluded that the rapid pace of military operations could be placing increased strain on the families of military personnel and lowering morale, which in turn could well influence intentions to remain in the armed forces. Participants in the present study confirmed this hypothesis, reporting that separations do cause stress on the family, but also that it is the unpredictability of these separations that is more stressful, and that they have experienced an increase in the levels of unpredictability in recent years owing largely to the wars in Iraq and Afghanistan. Some also reported that the increased stress was causing rifts in their relationships. It is noteworthy that most of the worries that emerged around separations were not directly related to having a child with special needs, but appear to be shared by all. Whether or not concerns and fears are

heightened by having a child with special needs, or by other worries such as financial concerns, is another matter.

### **On single parenthood during deployment**

The increasing regularity of postings means that couples often face long periods of separation, frequently at short notice, and previous research has shown that such family separations produce uniformly high levels of stress among Army families (Schumm, Bell & Tran 1994).

In the case of one participant, it was apparent that the Army's provision could never match her expectations. Martine, speaking in the group, reported that her husband was away in Canada at the time of the interview and that she had contacted the Unit Welfare Officer because she had been feeling overwhelmed with the responsibility of looking after a family. She complained that although an offer had been made for her to visit her husband – an unusual concession in itself – the Army was not offering to pay for the journey or to provide childcare, perhaps not unreasonably given the need for responsible spending:

*'...Yeah right, I says. How with three kids? You just have to book your flight, they says, and we can arrange for your husband to pick you up at the airport. But a hotel? In Canada? How much is that going to cost then? They won't pay because it's not essential, we're not ill or anything and he's not on deployment, just exercise, training the blokes for six months.'*

Another mother, Rosemary, highlighted the fact that when you have a child with special needs there are often many appointments to be made and kept. In British Forces Germany, as with single parents everywhere, when a spouse is on deployment everything falls to that one parent because there are no other family members to ask for help:

*'The thing that's probably the hardest about not being in the UK is as a parent you have to coordinate your child's care and you have to arrange all the appointments and make sure they don't clash. You're in charge of everything.'*

Not every wife in BFG can drive, and even amongst those who do, confidence to do so might not be high, especially when new to driving in Germany or in the heavy snow of winter. Julie expressed gratitude for an occasion when a paediatric appointment had been brought forward an hour to allow sufficient time for her to drive home in daylight hours:

*'And also out here is the driving, especially driving in the dark and wet, like. But you can't get anywhere unless you can drive. I asked yesterday if I could have the next appointment in the daylight because I don't like driving in the dark. She said, "No, that's fine. I understand. We'll make it 2 o'clock then, shall we?" That's only a simple thing, but it helps you to feel that you're being a bit more supported'* (Julie)

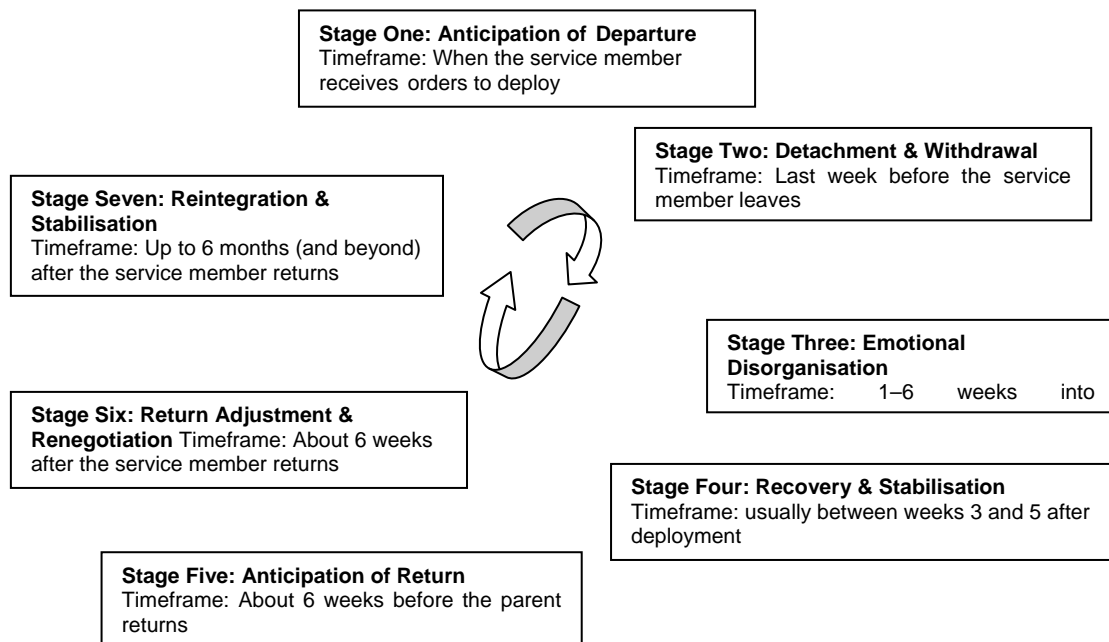
In fact, where needed, transport for medical appointments, including speech and language therapy, can be provided by the garrison welfare on request from the medical centres but Julie had been unaware of this option.

Even when not deployed, soldiers are often required to be on duty at unsocial hours, regardless of the needs of the family. For wives left at home with young children to look after there is little difference between deployment and working on camp, as they have to get on and cope alone. In addition, there is no paternity leave for soldiers.

*'Yes, the next few weeks will be difficult because my husband isn't here, and he works weekends and I have a newborn baby. If the baby wasn't here, then I would cope fine because my husband has been on tour in Iraq and I have coped ...'* (Nadia)

I showed the group of wives with whom I spoke a model (Figure 3) known as the 'Emotional Cycle of Deployment' based on work by Logan (1987):





**Figure 3.**  
**Emotional Cycle of Deployment**

Whilst they recognised most of it, they were adamant that, because of the rapid turnaround time in deployments, family life in the Army is no longer stable, which means that the current model needs revision. Pointing to stage seven of the cycle 'Reintegration and Stabilization', Claire commented:

*'Stability? There is no stability. He's already switched off from us when he gets back because he knows he's going to be leaving again soon.'* ( Sarah)

But when Martine expressed her view that

*'The Army just doesn't care about us; just put up and shut up, that's all they want us to do'*

others contradicted her, saying that they thought that the Army did try to think about the wives and provide welfare support at times of deployment, but that too often, what is provided is a one-size-fits-all model that fails to address real needs. The real problem, they said, is that the Army does not have a close understanding the needs of wives because they do not consult them enough

about what would really be genuinely useful. Claire offered the following example. Excursions to theme parks or to major shopping centres are sometimes offered for families at times when soldiers are away; although they might be thought of by the Army as providing a boost for a family, in Claire's eyes they are just a source of more stress:

*'They do try, I suppose, but they give you stuff you don't want. You get a letter asking you if you want to go on a wives' shopping trip to the PX or somewhere. So, that's all day on a hot and sweaty bus with two kids and loads of other people's screeching kids and a load of hormonal wives. Yeah, thanks for the offer, but no thanks.'* (Claire)

Sarah agreed that sometimes the Army 'just doesn't get it.' She cited as an example a presentation that wives had been given in preparation for homecoming:

*'... there was that presentation about what happens when the guys go away. They showed a slide of husbands having decompression time as they call it in Cyprus. Showed them – there they were – on a beach in Cyprus with loads of girls in bikinis. That's nice isn't it? Great thing to see, your husband having a lovely time with near-naked women all around. There's no such thing for wives is there? It's like: right they're back, so get on with life... Nothing like that anyway for us wives. There's no R and R for wives is there? They're the ones that get the medals. No medals for us girls, is there?'* (Sarah)

Claire was hazy about the purpose of decompression time:

*'And what's "decompression" anyway? They've cut it short. Used to be a week, now it's two days. What's that thing they get? Post trauma something or other? Well, I don't see how two days on a beach in Cyprus swigging a few beers is going to do much for that. Going to take a darned sight longer than that to sort **that** kind of stuff out.'* (Claire)

They went on to talk about the difficulties that accompany homecoming, recognising that their husbands can be affected intensely by the experience of war and that those experiences will impact on the family unit as a whole. Val said:

*'We do look forward to them coming home, but we worry too. What if they're going to be affected by what they've seen? How's that going to affect the family?'*

Another added:

*'We look forward to him coming home, but then when he's back he's just thinking about going off a month later – not interested in me or the kids.'*  
(Martine)

Because of the brevity of an exchange, misunderstandings and tensions rise quickly, which are then left unresolved.

Comments by Val also show how a complex spiral of increasing resentment, guilt and anxiety can stem from this pattern of communication and test a relationship to its limit, which can lead to longer-term damage:

*'When he did eventually manage to phone I couldn't help but be tetchy with him. Then I came off the phone feeling bad because I know that he'll be worrying and it's bad enough already out there. Then I think: What if something happens and the last time I spoke to him I was grumpy? It's not like you can phone him back to apologise because there's only one satellite phone that they have to crank up when they can get electricity and it's got to be shared between eighty blokes.'* (Val)

Whilst communication between soldiers and their families is always much more difficult during periods of prolonged separation, when soldiers are on active service in forward operating positions, conversations with home are even more brief and spasmodic. Since all the normal conversational exchanges that would take place within a family are disrupted, when the British Forces are deployed on operations they are entitled to free aerogrammes (colloquially known as 'blueys' because of their colour) to and from their families and friends. More recently an electronic version of the system, now known as the 'E Bluey' has been implemented. According to this account by Claire, however, it appears that trying to keep in touch by these means can be problematic:

*'The post doesn't get through properly either. My husband's right out in the desert, in a compound, and, like, he got several of the Blueys that we'd sent all together in one lot. Got them all together and he was coming home on R and R anyway two days later! They get the letters in and out when the supplies come in by helicopter. But he says there's too many chances for things to go wrong, missing. Like, he'll give a letter to the helicopter bloke dropping off the supplies and he'll stick it in his pocket and say that he'll put it in the post, but there's a good chance that when he gets back to base he'll just leave it stuffed in his pocket until he remembers and then he might send it on. But then he might not.'* (Claire)

And when they do manage to make contact, there are repeated reminders of the danger that her husband is in. Even the simple comment that he will be destroying all the letters sent to him at his forward operational position is upsetting for her:

*'He said he can't keep any Blueys we send because they have an address on. Might be dangerous if they got found, so he burns them.'* (Claire)

It seems that despite the exponential growth of communications technology, a major worry of a soldier in the 21st century is just the same as that of a soldier in World War 2 – which is that the relationship might founder at any time because of separation. The term coined by US soldiers in the Second World War for letters from home that announced a break up was 'Dear John letters.' The only difference perhaps for today's soldiers is they also fear a 'Dear John' phone call or even a 'Dear John E Bluey.'

The picture that emerges from these accounts is that such fears are, in themselves, largely groundless, but the fear itself creates such a level of anxiety that it alerts the soldier to any edginess at all in what their wives say to them. Wives, through experience, learn that any tensions need to be hidden. Some appear to be better at this than others:

*'He says loads of the lads worry that their wives or girlfriends will find somebody else whilst they're away. That's the sort of thing they worry about*

*when they do have time to think and they're out of touch. The thing is, though, that we don't hear from him for weeks at a time sometimes because of where he is. Then I get angry about the situation so that when he does phone I'm all tense and he keeps asking me what's wrong and I keep saying nothing but he doesn't believe me.'* (Sarah)

However, when a soldier is suffering trauma, even the most innocuous comment can be misconstrued. It was shortly after Martine's husband had had to arrange for the repatriation of a body from Afghanistan that she reported she did not know what to say to him when he phoned, as it seemed he twisted everything she said:

*'I said I'd been to the hairdresser's, thinking he'd like to know what I'd been up to. He said sarcastically: "Oh nice that you've got time to do things like that! Wish I had."* (Martine)

It is axiomatic that effective communication is the bedrock of all successful relationships, so it is understandable that Martine was worried about the future. The conversation she had with her husband was short but had caused her to have a deep and lingering unease. She said that she was now dreading him coming home.

Owing to confidentiality procedures that come into play whenever there has been a fatality on operations, there is a news blackout until family members have been notified. Wives quickly learn that not hearing from a spouse when they expect to is never good news:

*'He said he would phone me last night. Had a quick ten-second call from him at lunchtime and he said he would phone in the evening. Then I was waiting all night but nothing. They do this thing where the lines are dead if someone's been killed. It's awful because you can't help worrying. Perhaps you get used to it. I do try not to think but it's nearly impossible. We've only been together a year. We try not to watch the news but it's near impossible not to see or hear anything.'* (Val)

However, death or serious injuries are not the only worry. After relating the conversation about the hairdressers that she had had with her husband, Martine went on to express her fears about her husband's state of mind when he returns. She related anecdotes about a soldier recently returned from Afghanistan who was found crawling around the cellar on his hands and knees, another who had frozen whilst driving the car across a railway crossing, with his children in the back, and another who had dived to the ground in a supermarket when a balloon burst.

### **On the effect of absence**

One account highlights the effect that fathers going away can have on children as well as on the ability of mothers to cope all day, every day:

*'He's away at the moment and his behaviour's gone off the wall. Yesterday we were in the play park, loads of kids there, and he was awful. Just so aggressive with the other kids, not listening to me at all. In the end, I just lost it. Whacked him on the bottom and dragged him off home. Feel really bad about it now but I'd had enough. Always the same when he goes away – he always kicks off when his dad's not there. Need some advice. A big part of it I think is being stuck in that flat with no garden or anything – not even fenced off. We're desperate to get back into a house again, I'm sure it would be better if he could play out a bit more safely.'* (Sarah)

A couple of days after this incident, this mother did contact her Unit Welfare Officer to ask for help. That the family are soon to be moving into a house is a measure not only of the speed with which the Army welfare services can act concertedly to support a family in crisis and to safeguard the well-being of children, but also of the scope of its reach. To be able to put such an early and speedy intervention in place, i.e. provision of a house with a garden for this child to play in, is well beyond the scope of local authorities in the UK.

### **On accommodation**

Married quarters are provided for all service personnel and civilians attached to the MOD. In Germany, these are generally of a high standard, especially

those that are 'hirings', rented by the MOD from private landlords within the German community. Houses and flats in Germany tend to be much bigger than accommodation in the UK and usually include a cellar and an attic for storage or extra living space. Several mothers commented on the benefits of the increased space in their German home compared to the house they would probably have in the UK:

*'I think the other thing we have out here is we have a lovely big house, which we wouldn't have in the UK because they just don't have quarters this size in England. She benefits from having the room because we can put a sensory development room in for her here, which we wouldn't be able to do in the UK because they don't have quarters of this size.'* (Rosemary)

*'And there's more space for her to move around in, there's more space for the boys which has a knock on effect on the whole family. The boys are happy; they've got a garden to play in, they've got a huge bedroom. It makes life easier for them and it makes life easier for me and my husband, so in that sense it's definitely easier.'* (Jennifer)

Val's family were moved from a two to a three-bedroom house when her second child was born because of her young son's special needs; he has no diagnosis but was very premature and is hyperactive. The decision to move them was made at a multi-agency meeting about his special needs, but the logistics of the move itself were not discussed so that responsibility for the practical aspects of moving fell mostly to Val. What she said to me highlighted the fact that whilst whatever is decided at higher levels of command will happen, unless there is specificity about the detail then things can fall apart at unit level. This is, to some extent, understandable, especially when decisions in terms of supporting the family conflict with a unit's need to have the serving soldier available for duty or when it involves scarce resources – in this case, the work van:

*'We eventually got the move and were told that we would probably get removals as you do, due to an increase of family. But how disappointed were we to find out that because we asked to be moved on medical grounds we*

*couldn't get removals and would have to do it on our own. So, my husband sorted a van out from work, and then he was told he might not get it. We were told at the meeting that he would have that weekend to get things sorted, but that never happened either. Basically, we moved on a Friday, start of summer half term, sorting only a little few things out on the Saturday, plus still had things to move from the old house and then my husband was back at work on the Sunday.'* (Val)

Val was then left to move the remaining items from the old house, to unpack and to set up the new home by herself:

*'So basically, I had a newborn and a child with additional needs and two days to pack, move then unpack again with the help of some good friends who kindly volunteered to help. I managed over so many days to unpack and get things sorted.'* (Val)

### **On extended family**

Val's account touched on the importance of having people around who can help in times of crisis. Over the past two decades, there has been a growing awareness that the support from grandparents may be an important resource for families of children with intellectual disabilities (Hastings 1997; Sandler 1998), yet one aspect of family life overseas is the absence of grandparents and extended family. Grandparents, relatives and friends can, of course, visit and this has been facilitated by the increase in low cost flights, especially to Germany.

For Rosemary, the absence of family is not a concern. It is the absence of longstanding friendships that is the issue:

*'My friends are great friends. I really could've done with them around. I think if I could lift all my friends out of the UK and give them all houses on my street then I'd be really happy here, but there are times when I miss home. And there are times when I think anybody based out in BFG misses home irrespective of whether they have a child with special needs or not. Obviously you don't have your family around you, which for some people's not necessarily a bad thing, but for others, for me, this sounds terrible to my family, but I've got a little*



*saying that God gave me good friends because I've got such a rubbish family, which sounds horrible and terribly disrespectful of my mother. But she wasn't the world's best mother, so, you know, I wasn't too fussed about not having her around when the baby was born, but I missed my friends.'* (Rosemary)

Jennifer feels that the fact that they live so far away from grandparents means that they cannot share the highs and lows of everyday life that daily close proximity allows. All news has to be good news:

*'With grandparents having their own set of worries, we find ourselves economical with the truth to protect them from further worry. We glitter-wash all telephone updates.'* (Jennifer)

Although Nadia is German, her husband was on a posting in Wiltshire when the baby was born and Nadia's parents were in Germany. This illustrates a facet of service life that is sometimes overlooked in that non-British wives of soldiers who married overseas can feel isolated when they have to leave their own communities to accompany their husbands when posted back to the UK. Although her mother- and father-in-law came to the hospital to offer support, it was her own parents who she had really wanted to be there for her:

*'Tom's parents came down to the hospital as soon as they found out, even though we didn't want them to, but they just said, no we're coming, but in a way it was a good thing otherwise you might have put off visitors for a long time. Yes, it was horrible, especially for me with my family being so far away in Germany, but we made it possible for them to come down three weeks after he was born. And then they realised that he was still just a baby.'* (Nadia)

### **On day to day coping**

Jennifer felt that most of the challenges she faces come from outside the family:

*'It's not tough with the care on the home front, it's tough with the outside world.'*

And the things that make life tough can be small incidents:

*'Such as when you offer people on the patch a packet of gluten-free biscuits to keep in their cupboard, should they ever wish to invite him over to play – and they refuse a packet. Even the best attempt to empathise cannot prepare anybody to know just what it's like, but I can honestly say that it has been so much harder than we had ever imagined it would be.'* (Jennifer)

This, to some degree, emphasises the extent to which parents become experts in their child's condition without realising it. It is actually understandable that whilst Jennifer accepts treatment for diabetes as normal and easy, to other parents it would appear complicated and rather scary. Val, meanwhile, frets that although parenting is full-time, she cannot complain about it because to do so would feel like criticism of her child.

*'It really is a full-time job and it's nothing that can be shared with others. I haven't been to see anybody about how I feel, but I am feeling depressed by the whole situation.'* (Val)

For Jennifer, the difficult part of coping is not as much about the practical routines surrounding the daily management of her son's diabetes, it is the mental distress she feels about her son having a disability, especially when she knows that her child is suffering. She describes pulling away, which I take to mean trying to detach a little from thinking too much, in order to protect herself and cope in the longer term:

*'The physical, day-to-day logistics, giving medication, testing, etc. are not that taxing. But what we weren't prepared for were the vicious tentacles of pity that invade the mind when your child suffers as a result of their condition. Because the fact reminds you that the problem is not simply going to go away, and you find yourself having to pull away a little to remain strong for them when they need you.'* (Jennifer)

## **On neighbours**

Dobson, Henthorne and Lynas (2000) observed that the service community is usually a close knit one:

*'The fact that the families were living in the married quarters at the garrison close by, and that most parents came to the school on foot to bring and collect their children, helped to foster relationships between adults, children and school. Even the small ethnic minority group was part of the Army community.'*  
(p.14)

Membership of a distinct and easily identifiable social group, whilst conferring a sense of identity and comradeship, does not necessarily constitute a support group for parents with a child with special needs. As an insider, I know that those within it often describe the Army community as a 'goldfish bowl of gossip.' Although social clubs and events appear to offer good opportunities for social networks to be established and to flourish, the friendships that are formed remain at a superficial, non-confidential level because there is a constant sense of impermanence, of a social grouping that is forever in a state of flux. Although a social network is in place, it lacks depth so that the individual can still feel isolated from genuine emotional support and trust. Jennifer's description of neighbours, fearful about having her son round to play in case he became unwell, indicates that apprehension regarding a child's special needs can mean that a child can be socially isolated from peers who live locally:

*'I was really upset when a school friend told him that he wasn't allowed play at his house in return for regular afternoons at ours because his mum said that she hasn't got time to be worrying about needles and things.'* (Jennifer)

Other adults might be willing to learn something about a child's condition and to offer sympathy and support, but not to the level of being able to cope with the child alone at their own house, and so the child is not readily invited. It is incidents such as these, Jennifer believes, that lead to a learned self-reliance amongst Army families, but also a sense of isolation within the community.

Under examination, Jennifer's comments about neighbours and the confidence that they might have in dealing with her son's needs in an emergency appear to be contradictory:

*'We've learned that people often just find it too difficult to learn so tend to give us, and particularly the boys, a wide berth, which I think is really, really sad.*

*We're very fortunate that we have friends and neighbours who are happy to learn and share that knowledge with us and therefore help us with [our son]. But we've learned so, so much.*

*We have learned to accept a certain amount of wariness. People tend to be cautious and certainly for the boys, many people avoid having their children around because they're unsure. You see, they don't have the knowledge of how to deal with him necessarily so they're not confident, which is reasonable.'*(Jennifer)

My hypothesis is that she is reflecting back over differing experiences across the different communities within which she has lived over the last few years; she and her family have moved home every two years and some neighbours are likely to have been more supportive than others.

### **On establishing friendships**

Such a high level of mobility takes its toll emotionally:

*'And one of the hard things about being in the army is when you form friendships with people one of you ends up getting posted. So it's very hard – very hard – to have friends that you trust and that you can rely on, because it's not that you can't rely on them, but they're going to go and it's not their fault that they're going to go, but they have to go.'* (Chloe)

Moving from one community to another so frequently is demanding not only in physical and logistical terms, but also in terms of emotional investment and social integration:

*'It can be really hard. Like going with a little one to toddler group for the first time, to actually take the plunge and go on your own.'* (Julie)

*'People still ask: "What does your husband do?" I once went to a wives club. When they found out it was me that was working it was like they didn't want to know. I had a cake and then went home.'* (Chloe)

This is made much more difficult as children get older:

*'Friends? We haven't got to that stage yet because we don't know anybody. I always say that I know loads of people, but not many friends. Our son is 15 so that means we don't meet anybody off the school bus, we don't go to crèche or nursery, so we don't get to meet anybody round where we live.'* (Nancy)

*'My boss is single and lives in the mess so we got invited there, but if she hadn't been as sociable as she is we would have been stuck at home because I just didn't know anybody at all for ages.'* (Kim)

It is more difficult when a family is quartered in a hiring away from the main housing areas:

*'I knew a little about what to expect because I had worked on a garrison in Cyprus. I think if I'd come here new I would have been struggling, because of the lack of community outside of work and my living in the German net. Neighbours are friendly enough and will say hello, but they do stare, they do look at you. A woman was talking about this on the BFBS yesterday. It is really hard out in the community.'* (Claire)

*'BFG is quite different to Cyprus because we don't live on the camp but out on the German net. Folk here at the med centre are a quite sociable bunch, which is quite nice, but as far as my husband is concerned, he doesn't see anyone from one day to the next.'* (Nancy)

There are clearly mixed blessings in the high turnover rate, as evidenced so poignantly in the following comments from Rebecca:

*'Luckily, the kid from a few doors down has left. I think they got posted back to England. The worst part was that, in the middle of all the trouble, my son was*

*having his bestest friend ever who he'd known since FS1 moved because her mum and dad split up and she went back to the UK. Life is cruel like that. They was solid. It was like his whole world collapsed. He was ill with it.'*

### **On 'friendship fatigue'**

This study has provided some further evidence to back up a concept that I have labelled as 'friendship fatigue.' Nancy describes how repeatedly making the effort to establish friendships that soon end because of postings can wear thin and lead to self-isolation:

*'My daughter is very sociable and so she made lots of friends straight away, but when that first lot of friends, whose dads were in the army, left after two years she was devastated. She never had that again. She was really, really upset because she was suddenly aware that they were gone. Awful, awful. Didn't like it at all. We had some really good times in those first few years. But when people leave, it leaves you thinking that you just can't do this any more. You think, I can't be bothered to go out and make new friends.'* (Nancy)

In general, whilst some relationships are easier to maintain in situations where whole units are posted en bloc, friendships are repeatedly made and lost as friends and colleagues are posted. From research with older adults by Lieberman (1996) it appears that the morale-enhancing value of friendships applies only to long-established relationships and that some associations may be irreplaceable because they have involved years of reciprocal obligation and trust. In the Army, where some postings last as short a time as six months (less on occasion), there is neither the time nor indeed the energy left to invest in such confidante-type friendships. This would appear to be a key issue for support services in the Armed Forces because support initiatives involve the construction of new, artificial relationships to substitute for inadequate or missing natural support.

### **A 'Third Culture'**

The impact of the turbulence of frequent moves on children is not easily measurable because the effects of such changes are not always apparent,

nor are they, necessarily, negative. The term 'Third Culture Kids' (T.C.K) was coined by Dr. Ruth Hill Useem, Professor Emeritus at the Michigan State University Institute for International Studies and a pioneer researcher in the experiences of internationally mobile children, to recognise the existence of children whose parents are migratory. Service children are now recognised to be within this group. A 'Third Culture Kid' is conceptualised as:

*'... an individual who, having spent a significant part of the developmental years in a culture other than the parents' culture, develops a sense of relationship to all of the cultures while not having full ownership in any. Elements from each culture are incorporated into the life experience, but the sense of belonging is in relationship to others of similar experience.'* (Pollack & van Rekin 1999, p.19)

Both Rebecca and Nancy describe how upset their children were when firm friendships were broken, and Nancy describes a process of increasing fatigue in terms of making new friends. This characteristic is found only in communities with very high levels of mobility, where a reluctance to make new friends would appear to be a normal self protective reaction – a way of taking back some control in a set of circumstances over which you really have no power. Whether children get tired of making friends, and whether children with special needs are more or less affected than others by being part of a third culture, has not been investigated.

### **On repatriation**

Whether rank and the soldier's job within the Army affect the decision making process regarding family repatriation to the UK is unclear, but the information given by the army in the policy document 'Adjutant General's Administrative Instructions 108' that every case will be judged individually is borne out by the differing experiences of the women. Jennifer's view is that moving around is an advantage. She reports that, so far at least, there has been no pressure at all on the family to return to the UK. Val, on the other hand, was being advised at the time that I interviewed her that her child's needs would best be met in the UK:

*'We are due a posting back to the UK any time soon for welfare and educational reasons. This, however, is another story in itself. It's been doing my head in.'* (Val)

Jennifer resents any suggestion that postings should be limited because of a child's special needs as a matter of human rights:

*'I think that people should be allowed to move around with the Army. I think that if we wanted another posting in Germany we should be able to have one, or wherever we wanted to get posted, whether that be Germany, England, Cyprus, Canada, Falklands. Wherever we wanted to get posted, we should be posted. We should have the same opportunity of posting as everybody else does – our postings shouldn't be held back because of our son having special needs.'* (Jennifer)

In contrast, Rosemary is resigned to the possibility that a UK posting might be best all round and that she would feel more supported there:

*'We've been told we won't get another posting in Germany, so we have to accept the fact that we're going back to the UK. And I've decided as that is the case I'd like to go back to my home town, where my friends are and I've got people around me that care. B can have stability in her life that we can't offer to her while we're moving around with the Army, and I feel that it is important for her to have that stability, so my future, I think, is in my home town.'* (Rosemary)

Nadia shares the belief that stability would be more beneficial for her child. Stability is clearly a relative concept, although Nadia hopes simply for postings of three rather than two years in the decade the family has remaining with the Army. For most people, a house move every three years, even within the same locality, would not be considered a settled lifestyle:

*'My husband has ten more years in the Army and we're hoping to be posted to somewhere so (my son) can stay more than two years. My husband does get posted every two years but the next one could be three years, which is nice,*



*and maybe he can get another posting in the same area and (my son) can go to the same school for longer. That's a very difficult thing for us in general being in the Army, as we know how difficult it is settling in to a new place, making new friends and all that.'* (Nadia)

Sonia's family had just been posted into the area, but owing to her son being in his final year of first school, he was going to have to move again to middle school at the end of the academic year:

*'We have just been posted here so he will only have two terms before he has to leave again and go to the next school, and we don't know how he is going to settle there because they are saying that it is a very different sort of school. And they don't know if my son is going to cope there with all the different teachers and everything. He really likes the school he is leaving at Christmas. Yesterday, when I said we are going to visit your new school, he said: "No, I am staying here. Don't want to go to new school. Staying here with Mr. B."* (Sonia)

### **On secondary healthcare**

Secondary healthcare for British Forces families, with the exception of psychiatric care, is contracted out to German hospitals and clinics. Hospitals in Germany tend to be smaller and more specialised than UK hospitals, with some services such as ophthalmology and radiography provided in premises in the middle of shopping precincts or in residential areas. The data showed high levels of satisfaction with this area of support services:

*'It was decided that C. needs grommets and two weeks later he had the operation for the grommets. Things like that are obviously a lot worse in the UK, so when we are going back, which we probably will do in November, I'm not looking forward to that. Where we lived in England, before was G. and the nearest hospital was D., so that's quite a drive. So yeah, for things like that the German system's fantastic.'* (Steph)

*'One thing I wanted to say about being out here in BFG is that I love the hospital here. We are very lucky to have the hospital, the Kinderklinik. He's had*

*pneumonia twice and they have been very good. I trust the German doctors a lot more and it's a lot quieter and it's easier.'* (Nadia)

Although there is almost universal praise for secondary healthcare, there is a critical opprobrium for primary level services:

*'I went to the doctor's yesterday because my son has a very bad diarrhoea and everything else, he's been really ill and the doctor listened to his chest. He put the stethoscope on his chest and then picked it back up again and he didn't even listen to a single breathtaking of my son, so I just think, why bother? Why do I bother going to the doctor's?*

*Sorry if I am repeating myself, but that is one of the doctors who shouldn't even be working as a doctor. You have to repeat yourself three times because he asks the same question three times, and I mean that. He asked what his cough is like and I tell him, and five minutes later, he asks me again. And then, he writes out the prescription and asked about three times how old he was. What sort of doctor is this who can't even remember what he's asked me five minutes ago?' (Nadia)*

Her most severe criticism is directed at locally employed civilian doctors at her medical centre, rather than military doctors who work alongside them:

*'The doctors that are not in the Army, well it's like they are not allowed to do the job in the UK and so they just got sent here instead. But I don't think they're doing a very good job.'* (Nadia)

She was scathing of the standard of practice and the lack of continuity of care:

*'The doctors in BFG are very useless I find. Especially what annoys me is I can't have the same doctor for all the time, which I think is very, very important and I have been fighting with the paediatric nurse to have it put in front of a committee that he needs a constant, continuous doctor to look after him because some doctors go, "Oh, he's got Down syndrome" so as soon as he's got a bit of a cough they go: "Oh, he needs antibiotics," which is not true at all. But some doctors panic and they'd rather prescribe antibiotics than risk that anything else would happen to him, which is absolute rubbish. He's taken*

*antibiotics many times and they made no difference to him at all because it was a viral infection.'* (Nadia)

She found that the British GP system compares unfavourably with the German specialist system with which she grew up:

*'I find it quite bad that a GP looks after young people, old people, women, men, anything really. I'm surprised you can't take your pets there! In my eyes, I don't think they are very specialised, especially with babies. I always found it difficult to take him into the surgery and there are people coughing left, right and centre and I'm thinking, he's already ill, why do I need to take him into a surgery where there are all sorts of people, even old people.'* (Nadia)

Jennifer, whose background is thoroughly English, also lacks confidence in the doctors at the medical centres:

*'The doctors are fully supportive but not at GP level. It's not because they don't want to be but because they are general practitioners. It would be accepted by any community paediatrician that a parent would know more about their child's diabetes than the average GP does. A local GP has admitted the same to me, and that's through no shortfall of theirs.'* (Jennifer)

Rebecca criticised her GP because he had recently made promises that he failed to keep:

*'Well, I went to my GP and I says, "Look, I really wanted them both seen by C. again" and he said, "Okay what's it about?" So I told him and he said, "Right, okay. I'll refer you. I'll write you a letter but I want to see you again as well." I went, "Okay." Then he never wrote the bloody letter!' (Rebecca)*

### **On getting appointments**

One of the issues that emerged around welfare was the difficulty in getting appointments, not only with healthcare professionals but also with social workers:

*'I thought I have to see someone about him. I tried for ages to try to get to see Claire or CAMHS. I did phone CAMHS and spoke to Laura. She says I'm not doing it now but I will get the bloke who is doing it to ring you. But I never heard from him. Then one of the top social workers over in somewhere or other – don't know whether it's JHQ or not – phoned me and said, "Do you want an appointment?" This was in the summer holidays when it was really bad. Really bad. Somebody called Sarah somebody? And I was like, "Yeah, that's fine. I'd have anybody round if it helps him." "Yeah okay," she says. End of. Never heard a thing again.'* (Rebecca)

Clear from this account is confusion about roles and responsibilities, as well as the lack of trust engendered and the time lost in intervention when professionals make verbal agreements that they are unable to follow through.

### **Confusion over dependency status**

In the course of this research, I stumbled upon another area of confusion when I was informed by a senior member of British Forces Healthcare that current Army regulations preclude them from providing healthcare for young people over 25 years of age, regardless of the young person's level of need. In trying to verify this, I was told separately by three senior officers that at 23 a young person is determined to be legally independent of service parents, but in cases where an individual has a disability, the age limit would be lifted to 25. Such a concession appeared to have absolutely no rational foundation; it is difficult to envisage circumstances where an extra two years will make any difference in terms of care needs. Dependency status ending is not merely an administrative detail, but also has major repercussions in that all medical services within British Forces Germany, other than emergency primary care, are totally withdrawn. In other words, were medical treatment to be required it would necessitate a return to the UK.

Further investigation at British Forces Germany Command level has now established that the senior figures who were firm in their conviction that dependency status ends at 25 years old, regardless of need, are misinformed and promulgating a potentially harmful message. In fact, Army regulations

state that where a dependant has special needs, a doctor's letter is all that is needed to extend dependency status indefinitely. As it stands, given that misinformation is rife, the Army is open to the accusation that it is failing in its duties, both moral and legal, to ensure the well-being of vulnerable adults in British Forces Germany owing solely to a failure to communicate its own regulations effectively.

### **Summary**

High levels of mobility are seen as detrimental to the emotional well being of children. Although social clubs and events appear to offer good opportunities for social networks to be established and to flourish, the friendships that are formed remain at a superficial, non-confidential level because there is a constant sense of impermanence, of a social grouping that is forever in a state of flux. Moving frequently from one community to another is demanding not only in physical and logistical terms, but also in terms of emotional investment and social integration. Whilst satisfaction was expressed about secondary healthcare provided by German hospitals, primary health services were heavily criticised on a number of grounds, including the ease of getting appointments and the expertise of some of the general practitioners employed. Confusion around roles and responsibilities also leads to parents becoming distrustful and worried about whether the systems and procedures in place are efficient enough to ensure optimum care for their children. The next chapter addresses themes emerging around matters of education and schooling.

## Chapter 8

### Emerging Themes 3: School Issues

#### **Introduction**

This chapter examines the themes that emerged related primarily to school matters. The data show very little satisfaction with schools or with Service Children's Education itself. The most disturbing issue to surface is that of bullying, including homophobic bullying. Although apparently confined to within two schools, this is a matter that ought to be investigated further as a matter of urgency, and effective measures put in place for its eradication.

#### **On bullying**

Although appearing to be localised, the most disturbing issue to emerge was that of a school's failure to tackle incidents of bullying of vulnerable children. One mother reported that her son was bullied even on the taster day visit at his primary school. She described him as being attacked by a group of boys who pushed him around in the playground so that it ruined his summer holiday and coloured his whole attitude to his first year at the school:

*'He spent the whole summer worrying about going there after that. He hates it.'*  
(Chloe)

Another said:

*'My friend's little girl has just started at the school in September and she's getting bullied because she is short. Other parents have said the same thing about the bullying but they never seem to listen. It makes no difference it seems.'* (Julie)

An update on her progress a week later, however, proved that this particular child was more feisty than her stature might have suggested to the bullies, and was able to stand up for herself:

*'She was bullied for the first three days until she had enough of it and she turned round and bit somebody. They ain't done it since!' (Julie)*

Clearly, however, it is unacceptable that a child's only recourse is to take such an action in order to gain protection.

### **On school meetings**

After her child was bullied on his first visit to the school, Chloe telephoned the head teacher, who reassured her that it was an isolated occurrence. Following a second incident, when her son had his trousers pulled down by a group of other children, she arranged to go into the school to meet the head teacher. Chloe herself is a former officer and, as such, she is articulate and has developed a confident demeanour that allows her to be assertive. Whether it was these qualities that prompted the following situation is a moot point:

*'I tried to meet with the head alone but when I got there, there was the deputy in the office as well. Two against one. What do they think I am? They shouldn't be scared of a mother coming into school to complain again that her son is being bullied, but I think they were. They seemed to think I was just there to cause them grief. I just wanted to know what they were going to do about it.'*  
(Chloe)

Rebecca also went to visit the school to let them know about what was happening to her son. She believes that the school dismissed her concerns as overreaction and that her son was not being laughed at, but was joining in the laughter himself:

*'I had meetings with the head and with the deputy head and he was saying that he'd been out on the playground and, if anything, he's been laughing with them and all this. And I was like, then why is he coming home absolutely distraught? And, at home, why can't he go out to play?' (Rebecca)*

What appears to have been needed here was a simple reassurance that there would be sustained, covert monitoring of the situation because children who

are aware that they are being observed are less likely to behave in the way they normally would, which Rebecca recognised.

### **On homophobic bullying**

Rebecca is convinced that her son, who has some learning difficulties, has been getting bullied because he is also gay. Whatever the cause, he has suffered appalling treatment:

*'They would take dog mess up and throw it at him. I tell you what, the kid has been through it, he really has.'* Rebecca

In order to protect her son, she would sift through his school bag to remove any items that were too overtly feminine, following advice she had been given by an educational social worker:

*'Every morning I would take out some of his books if they were too girlie because Jack (the Educational Social Worker) had said try and keep some things just for home perhaps. It was an absolute nightmare.'* (Rebecca)

Whilst this is an understandable strategy to protect the child, it is tragic that the child had to have his own interests limited in order to try to fit in with school, rather than the school developing a culture where difference and diversity are accepted to include all children. Alarmingly, it would appear that the school persuaded Rebecca that the strategy was working, despite evidence to the contrary. She commented that things were 'a bit better', although her son was:

*'...still suffering a little bit though. Somebody spat on him the other day. He came home with spit on his coat.'*

For Rebecca, this was relative because in the previous year her 10-year-old son had been suicidal and blamed himself for the bullying situation:



*'Last year it was terrible. He said, "I just don't want to be here any more. Just get rid of me." It was evil that was. I hated it.'*

Stonewall's (2007) research suggests that the degree of isolation is even greater for the victims of homophobic bullying because they may have to 'come out' in order to report the bullying. While this may be part of the reason why young people suffering from homophobic bullying do not report it, a study on bullying in general (Oliver & Candappa 2003) found that only 51% of Year 5 pupils and 31% of Year 8 pupils would find it easy to speak to a teacher about being the victim of bullying of any kind.

### **On an anti-bullying strategy**

Knowing that a school ought to have an anti-bullying policy, Chloe asked to see the one drawn up by her son's school. She was less than impressed by the response because it suggested that the school was merely making a tokenistic gesture to the requirement to safeguard its pupils from bullying:

*'They got me one off the Internet, from Kidscape!' (Chloe)*

Given this response, it would appear that the school does not have its own policy. This is unequivocally inadequate. Since September 1999, local authorities have had clear responsibilities to combat bullying and must ensure that their schools comply with regulations that require them to have effective anti-bullying policies and procedures.

Setting aside moral considerations, any school that chooses not to produce its own anti-bullying strategy or to address all forms of bullying is adopting a very high-risk strategy given that Ofsted makes clear that its inspectors will judge as inadequate any school that does not have:

*'... clear policies, strategies and procedures to ensure the safeguarding and welfare of pupils, including those relating to behaviour, bullying, health and safety, harassment and discrimination...'* (Ofsted Evaluation Schedule, Sept. 2009)

Evidence underpinning such a judgement would include:

*'... instances of racist or sexist behaviour and other forms of bullying.'*

More recent guidance from government is that specific types of bullying ought to be addressed separately:

*'Unless these specific kinds of bullying are explicitly included in anti-bullying policies, we believe there is a danger that they will not be adequately addressed. As a result of the evidence we have taken, we believe the Department for Education and Skills should require schools' anti-bullying policies to specifically mention disability-related, race-related, faith-based and homophobic bullying. Schools should ensure staff feel confident in dealing with prejudice-driven bullying and are consistent in their approach.'* (House of Commons Education and Skills Select Committee Report, March 2007).

Notwithstanding this guidance, this school's failure to have a specific anti-bullying policy with regard to homophobia would appear to be replicated across Britain. In the 2007 Stonewall survey, more than two in five secondary school teachers (43 per cent) and over half of primary school teachers (55 per cent) reported that their schools did not have a policy that explicitly addressed the issue of homophobic bullying.

It is worth noting that the school Rebecca's son attends was judged by Ofsted in its 2008 inspection to be good in terms of the 'personal development and well-being' aspects of the inspection. Most pupils, they reported, enjoy school and 'feel safe in its surroundings' because the school's own self-evaluation, that it had had few incidents of bullying in the previous year, was accepted by the inspectors as evidence of good practice. The 'Every Child Matters' message appears not to have influenced the decision making in this inspection. Under the new Section 5 Ofsted Evaluation Schedule, the school might not do so well; it might even be judged inadequate. Under the revised inspection framework of September 2009, Ofsted inspects the extent to which:

*'... pupils feel safe from different forms of harassment and bullying, including those related to faith, race gender, sexuality and disability.'* (Ofsted Evaluation Schedule for Inspectors, September 2009)

A judgement of 'inadequate' will be made whenever a school is:

*'... inactive in tackling material differences between groups and/or in tackling discrimination.'*

Furthermore, if the school is judged to be inadequate in this strand of the evaluation schedule, its effectiveness overall is also likely to be judged inadequate. If Rebecca's account were to be believed, it would appear that the evidence obtained by the inspectors was less than robust and justice was not done.

Rebecca shared this belief, that the school was paying lip service to tackling the issue. After receiving advice from the welfare officer about logging details of incidents, she went into school to ask that the school maintain a similar sort of diary that might then be passed on to the Royal Military police as evidence. Given that this is not the usual approach, it is perhaps understandable that the school might be reticent to acquiesce to her request. However, instead of a well coordinated, multi agency response that would include home and school settings, and within which Rebecca and her son felt included, the head teacher appears to have pacified her with an agreement that was never intended to be followed up:

*'I went to see (the head). I says, "Look, we've had all this drama and these problems and they're really severely bullying him and I've been told to write a diary, so if you find any problems at school or any incidents at school you have to record them for me". That was so I could take it to the RMPs (military police). "Yes, okay fine," she says. They never wrote anything down! They never wrote one thing down! Didn't bother!' (Rebecca)*

Whether her son's welfare had been raised as a priority amongst all staff and any incidents of bullying were being recorded elsewhere is not known, but the

outcome nevertheless is that this parent believes that nothing at all was done. She now believes that her son is seen just as a nuisance:

*'I'm sure they think we don't want him in our school. We'll just pretend he's not there.'*

Rebecca believes that the school ought to have acted much earlier, and admitted that they needed help and advice from outside agencies:

*'They've been on the doorstep ever since we moved in here. I could be wrong but I don't think school did anything to sort it out. It went on for a year and a half and nothing had been done. I think they just think "overreacting mother" or something. The thing is, I think they tried to deal with this in-house and couldn't.'* (Rebecca)

She thinks that the only action that the school did take was to talk a little about homosexuality in an assembly. She was not present, however, and is therefore vague about what went on:

*'They did have one assembly. I think the assistant head was there. We sat there and they said they could do a special assembly but, apparently, they have to do it in a certain way because it can be very distressing and dangerous to do it – just to put it out there. So I was like, "Okay, right, what do you need to do?" They said, basically, we will just bring up certain things that may affect us: what's not good to say to one another and things like that. And I was like okay, you can try that but these are kids, they're going to sit there and say: "Yes sir, right sir."'* (Rebecca)

Despite the close community of the married quarters' patch, it appears that little parental or neighbourly control was exercised over these bullies:

*'One day, Sunday afternoon, we just got back from the stables and they were stood on the corner waiting for him. Shouting stuff. I just said to him "Come on, just get inside mate.'*"

During the six-month deployment to Iraq, the situation deteriorated further and began to include harassment of the whole family:

*'And, of course, it would happen, then my husband went away to Iraq for six months in November and I was stuck here with all that bullying stuff and they was all on my doorstep every night and they was calling me this that and the other. I didn't know where to turn to next, you know. One of the other ringleaders he lived three blocks down. As they live so close they were always up and down. You know, they would shout out at me. Called me a "f...ing c..t." Right on my own doorstep! I am a "whore" and this and that...'* (Rebecca)

Rebecca reported that it was her Unit Welfare Officer rather than the school staff who first tackled the situation by spreading the word amongst his fellow welfare officers to exercise discipline through the chain of command. As commissioned officers, welfare officers can command soldiers within their unit to exercise discipline over their dependants:

*'If it hadn't been for the welfare officer, nothing would have happened about the bullying. He said, "I want your diary, everything. I want dates and times, the lot. If you know the names I want those too, and I will sort it out." And I thought, to tell you the truth, "Oh yeah, I've heard all that before," but anyway I writ everything down, even the silly stuff, and I took it into him. And the next day he was in that school. I thought blimey, wow, this is the first bloke that's ever jumped on it. He actually had all the parents and kids in his office – well I think he did. He did definitely get all the Families' Officers together, whose kids they were, and said, "Get your families sorted out because they are seriously out of line." He wouldn't tell me what the kids had said but just said not to worry he was going to sort it out... Within three days of talking to the Families' Officers he had everything sorted. He had spoken to the other Families' Officers and said, "Sort your families out" and he went to see the RMP as well.'* (Rebecca)

### **Homophobia in the military context**

It is tempting, perhaps, to hypothesise, given that it is as recently as 2000 that the Army was at last forced to admit openly gay soldiers, that this homophobic bullying is the result of the persistence of homophobic attitudes, more

generally amongst military personnel, and that pupils are picking up on this. There is no evidence in the present study to support this theory. On the contrary, all the evidence gathered suggests that the Army's position has changed so radically that Conservative MP Nicholas Soames' comment in 1996 that:

*'Homosexual behaviour is clearly not compatible with service life'*  
(6th February. 1996.Hansard, Col.123)

is diametrically opposed to the MOD's current mission statement on Equality and Diversity (2008):

*'We will be inclusive and not tolerate discrimination, harassment, bullying or abuse. We will ensure each individual is treated fairly, with dignity and respect and that the diversity of our workforce increases operational effectiveness.'*  
(p.20)

Despite widespread fears of a mass exodus following the lifting of the ban in 2000, in fact only two senior military officers resigned in protest and an internal review of the situation six months later described the new policy as 'a solid achievement', with no major reported cases of the harassment of sexual minorities and:

*'... no negative impact on morale, on unit cohesion or on operational effectiveness.'* (Ministry of Defence 2000, p.2)

A decade on, in July 2009, the cover of the British Army's official publication, *Soldier Magazine*, showed Trooper James Wharton, who is openly gay, next to the headline 'Pride', and British servicemen and women now march at Gay Pride in uniform.

It would be naïve to assume that no homophobic attitudes linger on, perhaps especially amongst older troops, but there is no evidence that the level of negativity towards gay individuals is higher than in the civilian population. Indeed, if anything, expressing negative attitudes is less likely, it

might be argued, since to do so would be to risk serious reprimand or dismissal. The MOD now takes a zero tolerance stance on harassment and bullying, and charges all personnel with specific responsibilities:

*'All personnel must: ensure that their own conduct does not amount to harassment; have the moral courage to challenge inappropriate behaviour; be prepared to support those who experience or witness harassment.'*

(MOD: Equality and Diversity Scheme 2008-2011 p. B17)

In fact, two recent, large-scale research projects commissioned by the gay rights campaign group Stonewall have provided disturbing evidence that homophobic bullying is widespread in both primary and secondary schools across Britain as a whole. In 2007, the organisation funded a major research project entitled 'The School Report', a survey of more than 1,100 secondary school pupils growing up gay, which revealed that two-thirds are victims of homophobic bullying in schools.

This report was followed up two years later, in 2009, by 'The Teachers' Report', a survey of 2,043 primary and secondary school staff from across Great Britain, over 80 per cent of whom were teachers working in the maintained sector. Twenty-three per cent of the respondents worked in faith schools. All were asked about the frequency and the nature of homophobic bullying in their schools, as well as about the inclusion of sexual orientation issues in their classrooms. The key findings of this survey were that nine in ten secondary school teachers and more than two in five primary school teachers (44 per cent) said that children and young people, regardless of their sexual orientation, were currently experiencing homophobic bullying, name calling or harassment in their schools. Secondary school teachers said that homophobic bullying was the second most frequent form of bullying (happening very often or often) after bullying because of weight, and three times more prevalent than bullying due to religion or ethnicity.

In addition to direct bullying, 95 per cent of secondary school teachers and three quarters of primary school teachers reported hearing the phrases 'You're so gay' or 'That's so gay' in their schools. Eight in ten secondary

school teachers and two in five primary school teachers reported hearing other insulting homophobic remarks such as 'poof', 'dyke', 'queer' and 'faggot.'

More than a quarter of secondary school staff (28 per cent) would not feel confident in supporting a pupil who decided to come out to them as lesbian, gay or bisexual. Two in five would not feel confident in providing pupils with information, advice and guidance on lesbian and gay issues. Half of secondary school teachers aware of homophobic bullying in their schools said the vast majority of incidents go unreported.

Nine in ten teachers and non-teaching staff at secondary and primary schools had never received any specific training on how to prevent and respond to homophobic bullying. Many primary school teachers (36 per cent) reported that they did not intervene because phrases such as 'You're so gay' had become so commonplace that they believed the pupils were not really being homophobic in using them. They saw such language as no more than harmless banter ('The Teachers Report' 2009, p.10).

One of the most disturbing elements of Rebecca's account is a reference she makes to a teacher who she believes was also joining in with the bullying:

*'There's one teacher who was always taking the p... with (my son). I've been in twice because I'm not having a teacher doing it as well as the kids!' (Rebecca)*

Alarming, according to oral submissions to the 2007 report from Stonewall, this too is a widespread phenomenon. More than two in five secondary school teachers (43 per cent) and three in ten primary school teachers had heard homophobic language or negative remarks about gay people from other school staff. One in five secondary school staff reported they responded rarely or not at all.

Despite the increased frequency of homophobic language, it was found that more than 94 per cent of teachers and non-teaching staff in schools across the age range had not received any specific training on how to tackle homophobic bullying. Training, therefore, would clearly appear to be a necessity. According to Stonewall's data, in addition to a lack of knowledge and confidence in confronting homophobia, more than a quarter of secondary school staff, 28 per cent, said they would not feel confident in supporting a



pupil who decided to come out to them as lesbian, gay or bisexual. Forty per cent said that they would not feel confident in providing information, advice or guidance on gay issues.

Service Children's Education is in line with an overwhelming majority in not providing any training for its staff in respect of homophobic bullying. It is perhaps more out of step with others in that it has no central, overarching policy on anti-bullying generally, nor does it require its schools to keep records of incidents of bullying unless racially motivated, so the frequency of incidents across its schools as a whole, let alone the nature of those incidents, is not known.

An unwillingness to engage properly with the issue of homophobic bullying might not be confined to the school that Rebecca's son attends. The deputy head teacher of another primary school, with whom I spoke, was categorical that there was no bullying at all – homophobic or otherwise – in his school, so that training would be unnecessary in any case:

*'Bullying doesn't happen in this school. It just doesn't. So we don't want staff training about that; there's other stuff comes first for us'* (Deputy Head teacher, March 2008)

Data on the frequency and types of bullying is not collected centrally by Service Children's Education, so there is no evidence from which to judge whether or not homophobic bullying is more or less frequent than nationally. However, given that an estimated 5 % of the British population is gay or lesbian (Johnson and Mercer et al. 2001), it is highly probable that, through a failure to form and implement an effective anti-bullying strategy, many teachers are unable to support fully the well-being and personal development of a significant minority of their pupils.

### **Bullying of children with special needs**

The bullying endured by Rebecca's son is made all the more distressing because of the fact that he also has special needs. The issue of high levels of bullying suffered by such children has been highlighted by the Lamb report (2009). It is difficult enough for any child to speak up about being bullied, but

for many children with special needs not only is the prevalence higher, but also it is much more difficult for them to label what is happening to them and to notify the relevant adult accordingly. The charity 'Save the Children', during its three-year Independent Educational Advocacy Project (2006-2009), noted that children would report bullying if they had fallen out with a friend but not necessarily if they were actually being bullied. Often, children with learning and language difficulties cannot fully understand what is happening to them. Further, when they do try to tell an adult, they cannot always report what they want to say accurately. Rebecca experienced this with her own son. Rebecca's perception is that his difficulty in communication meant that she ended up making "a fool" of herself when she went into school to complain:

*'I actually went down to school because the one teacher was quite abrupt with my son. I actually went down twice as there was a couple of incidents with my son. Turned out he hadn't put it over quite right to me and so I made a fool of myself.'* (Rebecca)

As a result of the abuse, Rebecca's son is suffering from trauma and awaiting a psychiatric referral. Unfortunately, Rebecca now believes that her son must have an added disability in terms of a gender problem, with which he needs help:

*'The doctors discussed with us last year about getting him the gender psychologist, is it? Over in London is it? And I says: "Well, anything to help him because he's been through hell." He doesn't quite understand it. He's extremely sensitive.'* (Rebecca)

In the case of Chloe's son, the school's reaction to a bullying incident with her son was too severe in her eyes. She worried about the very existence of an 'isolation room' in a school catering for children aged 9 to 13 and felt strongly that talking to these children was essential in order to challenge their thinking:

*'They put two of the boys into detention and the third – the ringleader – into isolation. They have this isolation room where they put the children to punish them. These are young children we're talking about. I would much rather that*

*someone sat them down and talked to them about it all. Sticking them into detention and isolation isn't going to solve anything. They'll just go on and do it again. I would much rather that they talk to them than make them do a job to help the younger ones that they are bullying. Where have they got the idea of an isolation room from anyway? Is that normal? I don't think so.'* (Chloe)

## **On inclusion**

The data indicated that these parents' perceptions were that inclusive practice is not embedded within Service Children's schools and that their children are missing out on opportunities that ought to be available to them as a right:

*'I would like him to go to a club, say, dancing. People ask me why doesn't my son go to clubs at school – I tell them it's because they haven't got someone to be with him; they can't afford it. But it would be nice I think if he could go to clubs. He really likes dancing and things like that with the other children. I know that it is a problem with money and all that, but it is at shame that he can't join in the same.'* (Sonia)

Nancy too was very disappointed with inclusion at her son's school; she thought that the willingness to work in partnership with parents was absent and believed that provision would be much better back in the UK. She went as far as accusing the school of lying about the level of provision they could make for her son:

*'It was awful the first time in the deputy head's office. I said, "My son is struggling because he's come from a different curriculum and yet when I phoned here you said he would do the same." That summer, before we went out, they were adamant that the course would be the same and it wasn't. He would definitely have done better in the school in the UK that they came from.'* (Nancy)

Steph was also deeply unhappy about the fact that whereas other children were staying at school all day, she was asked to collect her son after lunch on the grounds that he needed additional adult support that the school could not afford to provide:

*'I've been told that (my son) can't stay at school in the afternoons because there's no additional teacher assistant available to support him. Now there's a theatre group visiting to do a play in the afternoon. I asked if he could stay to watch it. He would be OK on his own for that but they've said he can only if I go too. I'll have to take the baby. I've asked to see the head and SENCo. I am so angry. I feel that it's discrimination, just because he has Down syndrome. I made my opinion crystal clear that I want (name) in full-time and will keep on until it happens. If he doesn't sit for an activity, he will still learn through watching others and through play.'* (Steph)

Rebecca had recently been into school for parents' evening, and it was only then that the class teacher found out that the little boy was very deaf. There had clearly been no effective transfer of information from one class to the next about his needs:

*'He still finds learning a bit difficult and they did actually send me some information to say that they were going to put him in a group again and in some one-on-ones, but I have actually gone in there a couple of times because a couple of them didn't even know he was half deaf. The teacher last year didn't know until I went to parents' evening.'* (Rebecca)

The teacher's use of the phrase 'off with the fairies' in Rebecca's next comment appears to reference the little boy's femininity again, when in fact it is deafness that causes him to have difficulties attending:

*"One issue is motivation," she said. "He is off with the fairies too much," she said. So I says, "Where is he sitting in the class?" And she said, "Somewhere over there," and I said, "You know of course that he is deaf?" And she says "No!" She went, "Well I didn't know about that," so I says, "Yeah, he's partially deaf, so it's sometimes better if you put him close to you." So, after talking about that on the parents' afternoon she actually sat him as close as you are there. It was this teacher that said about the bullying and that there was a bit of spit on his back but they "Didn't know it was that severe" and this and that.'*  
Rebecca

Neil's complaints – and mine – relate to the fact that our daughter, Charlotte, was denied access to secondary education owing to a decision taken by a single education officer at SCE headquarters. An annual review meeting had decided that it would be in her best interests to attend secondary school on a flexible basis, taking subjects such as art and food technology but not subjects that were more academic. With an estimated mental age of 4 years, Charlotte would never have coped. Despite agreement amongst twelve of the thirteen present at the meeting, the view of the one dissenter held sway because her of superior position within the organisation. Her belief was that inclusion meant that Charlotte ought to do everything that others do:

*'I was very surprised when a letter arrived from the head teacher saying that Charlotte would in fact have to attend all lessons at secondary school. I was very surprised by this letter and so wrote back to the head teacher asking her why there had been a change of plan from that agreed at the meeting. She replied that SCE had told her that it was not policy to educate a child the way we were proposing and that Charlotte would have to attend all lessons. If we did not agree with this, then we were at liberty to educate her at home. I was really angry about this and wrote to the head teacher again, asking who it was in SCE who had made this "policy" decision. The senior educational psychologist had told us that there had never been anyone with Charlotte's needs attending an SCE secondary school and so she would be breaking new ground just by being there. So where had the policy come from if there had never been a situation like it before?' (Neil)*

### **On complaining about school**

Despite sometimes extreme dissatisfaction parents were unsure as to who they could complain about problems they were meeting at school level. Following her meeting with the head and deputy about the bullying situation in school, Chloe still believed that she had not really been listened to. She intended, she said, to take the matter higher:

*'But I don't know who that might be'*

Rebecca also reported that she had been at a loss to know how to complain about school:

*'My friend says, "Why don't you phone GHQ? Somebody in GHQ?" They dealt with her son's problems and so she said to speak to him but I couldn't find him at all. She said he could go and speak to them at Social Services. I have tried to speak to everybody! Really.'* (Rebecca)

My husband Neil wanted to record his own dissatisfaction with SCE and the absence of any formal, independent complaints procedure:

*'SCE completely let Charlotte down in my opinion. They had the chance to be really innovative and had the goodwill and cooperation of all the teachers of the subjects Charlotte would attend in the original plan. We had made a point of introducing Charlotte to each of them and they believed that they could accommodate her in lessons, so long as there was some support. We all feel very let down by SCE, and despite many letters explaining the situation, the organisation refused to change its position.'* (Neil)

### **Jennifer's allegations**

Jennifer had complained, she says, to everyone who would listen to her in SCE about provision made for her son's health needs at school and about her treatment as a parent. According to her account, whilst her husband's unit had been nothing but supportive, SCE had been nothing but obstructive:

*'We have offered to drive to SCE HQ for meetings. We will make ourselves available; even if I did work, I would drop everything for the sake of (my son) and his health. That is something we've always been prepared to do, something my husband's colleagues and superiors have allowed him to do. The Army have been supportive on that basis. We would always be happy to attend meetings. But all the different people who we tried to speak to? To get someone to listen? They just colluded together, closed ranks I think. So it's obvious they support and condone such behaviour by their heads.'* (Jennifer)

She compared the present head teacher's attitudes with those of the previous head teacher back in England:

*'For two years we had the privilege of working alongside a head teacher who was accommodating, and this is how I feel any head teacher should be – they should be accommodating, they should be trying to keep children in classrooms in mainstream and not drawing attention to the differences that exist. But, at the moment, we are beyond dissatisfied. It seems again, and I am repeating myself here, but SCE are pulling laws to support a negligent head, and a very uncaring head. And he's resting back on these vague, as I have mentioned, these vague policies and guidelines.'* (Jennifer)

Her bitter complaints about the head teacher of her son's school stem from her view that he was indulging in a form of indirect bullying against her, using her son's needs as a means of doing so. Her accusation that the head destroyed the original healthcare plan is a very serious charge, especially given that the family had threatened the school with legal action. Her belief, however justified, is that this particular head was using her son's disability as a means of getting back at her for refusing to falsify end of Key Stage 1 test (SAT) results when she taught at the school. Her allegation is that the head reneged on the original healthcare plan drawn up jointly by school, healthcare providers and home that allowed a list of trusted and trained others, including teacher assistants, to administer insulin whenever needed.

She alleges that after she refused to comply with the head's request to inflate the marking of the Standard Assessment Tests (SATs) when she was a teacher in the school, the head began a crusade of attrition. Thereafter, whenever her son's sugar levels fell, teacher assistants or trusted friends were forbidden from providing treatment – including simply giving a biscuit – and instead parents were telephoned to come into school to give him an adrenalin injection; if they were unable to come to school, then an ambulance would be sent for. She also alleged that, on one occasion, after her son had been sent to get a biscuit from his own lunchbox, the teacher had later reported his wobbliness to her at the time as being 'quite funny to see.' Not surprisingly, Jennifer's anger was unalloyed once she began to speak:

*'I want schools pulling on not just textbook medical advice but pulling on people who do know far more than anyone could, and that is the parents out there. And at the moment, no weight is being given to them, when really they have so much more to share than any medical professional. Not only did the head not consult us when drawing up a revised health care plan, he then didn't share it with teaching staff. No health care plan was on display in the classroom. SCE will say that it only mentions in the plan the medication, it doesn't mention emergency care. Well no, it doesn't mention that word for word in the text, but then his healthcare plan is just a set of guidelines after all. In an emergency, initiative should be used – because it's a life threatening illness, which needs responsible attention.'* (Jennifer)

Jennifer goes so far as to accuse the head teacher of deception in an attempt to protect himself from a legal charge of negligence:

*'And on the day, when he went particularly low, the teacher and assistant failed to follow either the revised health care plan or the previous health care plan. Funnily enough though, since then, the head of the school has been so, so sneaky. He has completely removed the phrase that was so important on that day, the one that hadn't been followed. He has deleted it from the latest document! It said that if he's so low that he is unable to walk, then an adult will get his biscuits and bring them to him so that he may conserve that sugar energy. He's deleted that from the latest health care plan!'* (Jennifer)

Jennifer believes that her son's school could also have done more to be supportive, especially during deployment. She also believes that SCE have only the interests of their head teachers at heart – not those of parents:

*'It is, in effect, a single parent situation for me when my husband disappears off, as I can't work at all then. But rather than support and encourage mothers left on their own to cope with a child with special needs, rather than pull out all the stops, instead they try to find the grey areas to excuse themselves from helping or offering support. I do believe it's a SCE-wide problem, I don't believe that it's just that one head teacher. SCE didn't really support us when we contacted them to complain because the head always calls on me to give him a*



*biscuit if he's hypo. There's others have volunteered to go in and there are teacher assistants there willing. But no – the head won't let them. Always it's me that has to go in.'* (Jennifer)

Any one of these accusations is very serious and ought to have been investigated in detail at the time, yet this never happened. Jennifer reported having contacted Service Children's Education and spoken to several individuals, but had found no one who appeared willing to investigate or to take any action at all. There was no recourse to an independent hearing.

Parents in England and Wales have recourse to the Special Educational Needs and Disability Tribunal (SENDIST) in instances where they feel that a decision made by the local authority about their child's education is unfair. Established in 1994 as the Special Educational Needs (SEN) Tribunal, SENDIST is a non-departmental public body which currently operates according to sections 333 to 336 of the Education Act 1996 and its associated regulations. The name was amended in September 2002 following the extension to the Disability Discrimination Act (1995) in 2001 that broadened the role of the tribunal to deal with disability discrimination in schools. However, despite the adoption of the 2001 Act into military law, the SENDIST option has not been similarly imported, which means that the tribunal appeals facility is not available to parents in British Forces Germany, nor is there any equivalent in its place.

### **On parent partnership**

Since meeting with Jennifer, a 'Parent Partnership Officer' (PPO) has been appointed. Yet, whether the situation might have been handled differently had it happened more recently is still unclear given that there is still no independent complaints panel to which, even with the support of the PPO, one might have recourse.

The belief that parents have a vital role to play in decision making emerges strongly from the data overall, although there were few comments of approbation on the partnerships in BFG, whether with school or medical services:

*'One thing missing is recognition that the parents are there. And at the moment, no weight is being given to us when really we have so much more to share than any medical professional and it's all important that educational professionals accept advice from other people and not just come up with policies based on their impression of what a condition is.'* (Jennifer)

Chloe felt that she was being blocked from joining the school governance committee because she is insufficiently passive:

*'I have asked several times if I could get onto the governing body but they keep saying there are no vacancies. I'm sure they think we don't want that woman causing any more trouble for us. They don't see that I – all of us – just want the best for our children. We want to help but they won't let us. They just see it as interference, pushy parents who they wish would go away.'* (Chloe)

It appears, however, that through years of experience, some have become skilled at working the system to get their voices heard. Knowing that as a member of the health team the speech and language therapist has the ability to make referrals, Rebecca knew that by making a speech and language therapy appointment, the normal route for a referral to the paediatrician could be short circuited. Whether she ought to have to do this is a moot point:

*'I tried to make a referral to the paediatrician. Haven't heard anything. So I made the appointment with the speech therapist for my other son so that I could ask her for him to see the paediatrician, just so I could at least talk to her. So, within two weeks he was in there! So why was we waiting? Everywhere I've gone I've hit a brick wall!'* (Rebecca)

Rebecca used a similar strategy to get an appointment with the Child and Adolescent Mental Health Service (CAMHS) after she received no formal acknowledgement of her initial contact. She made an appointment with the GP to ask for a referral to be sent directly from him:

*'When I phoned the mental health service myself I never got anything back. So I thought, well maybe if somebody professional rings they might take it more seriously.'* (Rebecca)

Clearly, the impact of her doing this, were she to be successful, would be that the waiting list for others would be even longer. Had her own initial contact with the team been more effectively acknowledged she might perhaps have felt less need to try to subvert the system? Whether the referral from her GP did help is actually unclear, as Rebecca herself did not know whether the appointment had come through more quickly or not via the GP route.

Lack of information appeared to be an issue for several parents:

*'Seems to me as a new person out here that the quality of your tour depends too much on who you happen to meet and talk to. All your information comes that way. No one official tells you, you have to find it all out by chance. Isn't it written down anywhere?'* (Claire)

Sarah's opinion was that whilst some information is provided, there is much more that those new to an area have to find out for themselves:

*'Well, some of it's written in that book in your quarter when you move in but there's a lot that you don't find out unless you bump into the right people who know. There are resources out here but the main thing is knowing what is available. It's like: how do you know what you need? What do you need to know? Who do you need to know and what you can access?'* (Sarah)

Rebecca commented that she never knew what her sons were doing at school:

*'Actually, I haven't the foggiest what's going on! Now and again I will get an IEP and now and again they'll phone me to tell me what he's done, but, other than that, nothing since September.'* (Rebecca)

She went on to blame her own shortcomings as a possible reason for not knowing what was happening in school:

*'Partnership with school could be better. It could be a lot better. I've always thought, felt, a bit in the dark. I've thought that perhaps it was because I am a bit thick when it comes to things like this.'* (Rebecca)

The comments made here support earlier findings by Beresford et al. (2007), who found that the two key outcomes of support that parents wanted were a sense of working in partnership with welfare agencies and to have confidence in the services being used by the child. Neither of these outcomes is apparent in this data.

### **On the 'Code of Practice for SEN'**

Whilst it might be argued that human rights issues override all other considerations, it is true that the Code of Practice for SEN is not actually mandatory in British Forces Germany. Whilst all criminal law is incorporated into Queen's Regulations, or into overarching policy documents known as the Adjutant General's Administrative Instructions (AGAs), some other legislation is omitted. Put simply, many regulations governing the lives of families of children with special needs in the UK do not apply to families in British Forces Germany. Conversely, Statements of Special Educational Need written in BFG actually have no legal force when the child returns to the UK, although in practice local authorities rarely ignore them.

Jennifer argued that this loose nature of the legislative framework enabled service school authorities to equivocate and to suit themselves rather than the child:

*'I would say our present head teacher and SCE aren't helping at all. They are looking for reasons to obstruct the process of inclusion for my son and they choose which parts of the "Medicines in Schools" and "Every Child Matters" docs are considered and used. The legislature really needs to be tightened up. It's wonderful that this inclusive push is there but, at the moment, as the head*

*said himself, it's just a trend, it is just a push. There is nothing in place to make him do anything about it and that's what needs to change.'* (Jennifer)

### **On integrated pre-school care**

There are clear recommendations in the UK for a coordinated approach to sharing information amongst all providers of specialist services. Rosemary highlights that there are gaps in standard pre-school provision (Figure 2) in British Forces Germany that necessitate parents stepping into roles that, ordinarily, would be filled by professionals in the UK. She refers particularly to the Portage Early Intervention Programme for children with special needs, which is now commonplace in the UK as well as the US:

*'I've had to train as a Portage worker because there isn't a Portage therapist in BFG, so I've trained as a Portage worker so that she isn't missing out on anything, whereas if I was in the UK I wouldn't have trained as a Portage worker because we would've been given someone. But I don't know if that's necessarily a bad thing, you know. I think Portage should definitely be in place but, at the same time, I'm quite glad that I had training as a Portage worker because, well, it's an extra qualification. It's something else I have that I wouldn't have had, had I been in the UK.*

*But I still think Portage should be in place because not every parent wants to train as a Portage worker and Portage is an incredibly important process for any child with special needs to go through. To have a Portage worker doing the tasks that are set out will unquestionably help with their development. It's a very good programme and I feel that all children with special needs should be offered it. Unfortunately, in BFG they're not, so in that respect it's harder.'*

(Rosemary)

Occasional Portage courses have been provided in British Forces Germany through the St Francis' Portage Trust charity, but there is no overarching, coordinated provision or recruitment of Portage teachers. Interestingly, Rosemary is equivocal about the rather ad hoc approach taken in BFG. For her, attending one of the short introductory training courses has been an advantage, as it has given her a new interest and ambition, but she is aware that others might be less able or willing to take on an additional responsibility.

After all, Portage visitors would, ordinarily, offer not only support to the parent as part of a coordinated system of support around the child, but also provide some element of respite.

### **Summary**

Many regulations governing the lives of families of children with special needs in the UK do not apply to families in British Forces Germany. That said, Service Children's Education does claim that it aspires to mirror best practice in the UK. In this data, however, most parents expressed dissatisfaction with several aspects of their children's inclusion in school. Some of the accounts provided go beyond mere expressions of dissatisfaction – they are oral evidence not only of a failure to include children with special needs, but also of serious bullying and malpractice. Parents reported feeling that their views were not taken seriously and Service Children's Education as an authority are collusive and obstructive when parents complain, yet here is no external appeals mechanism in place. A less serious complaint is that there is a lack of targeted information available, especially for newcomers to the system. There is little evidence of confidence and satisfaction in any of the data; the overall sense is of an inequality of power and an absence of self-determination. This is discussed more fully in the final chapter.

## **CHAPTER 9**

### **Conclusions and Recommendations**

#### **Introduction**

This chapter reflects on the research as a whole, by drawing together some of the main findings of the study and making a number of recommendations. It ends with a brief summary of observations, reflections and recommendations.

#### **Conclusions**

This research aimed, through interviews and personally recorded accounts, to discover new insights into life in British Forces Germany for parents, primarily mothers, who have children with special needs. The evidence collected was in two forms, namely personal, reflective oral responses to written questions and responses to face-to-face interviews using open, unseen questions. Themes within the accounts were identified.

This study reinforces the need that all parents have to be treated as equal partners in the decision making process. Partnership between parents and professionals has been recognised for a long time now as important in fostering the conditions and the culture in which children can thrive. Ordinarily, however, such professionals would not include representatives from one's employer. In British Forces Germany, though, the presence of the Army at multi-agency meetings is often a crucial factor in effecting successful outcomes. The counterargument, evidenced in this study, is that the need for army involvement can also emasculate parents, perhaps especially where the serving soldier is in the lower ranks, unless they have a champion or advocate amongst the other professionals.

#### **Key points**

- A primary aspect of parents' attitudes is ambivalence towards the Army and towards professionals.
- A second feature is the self-reliance of parents, rather than reliance on wider family, the community or professionals.

- Most of the parents were uncertain about, or distrustful of, Army policy and practice regarding soldiers' careers when they have a child with special needs.
- One school in particular is criticised for its lack of an effective strategy to tackle bullying.
- Official judgements of a school, e.g. Ofsted, matter little to the parents; their personal experience can be very much at odds with official statements.
- There is little academic research in the UK context into the concerns of service families directly.

Participants confirmed previous hypotheses that separations cause stress on the family, but they also said that it is the unpredictability of these separations that is more stressful, and that they have experienced an increase in the levels of unpredictability in recent years.

### **Recommendations**

Based on the analysis of data I would recommend that:

- In moving towards a children's services model for British Forces Germany, parents – and whenever possible children and young people with special needs themselves – ought to be involved in policymaking and planning at all levels.
- Policy regarding the career of service personnel ought to be made clear in a single, clear statement and widely publicised.
- Provision for families and children with special needs in British Forces Germany ought to be subjected to an audit or inspection to uncover gaps in provision across garrisons.
- Future planning needs to take account of gaps in provision which currently raise barriers to coming to, or staying in, British Forces Germany for the families of children with special needs.
- Schools should aim to fully involve and empower parents at all levels in their children's education.



- Immediate action ought to be taken by Service Children's Education to address the issue of bullying in its schools. The authority ought to take steps to ensure a rigorous audit of policy and practice in all its schools with regard to all forms of bullying, including homophobic bullying. It is vital that schools have a heightened awareness that children with special needs are particularly vulnerable to attack.
- There should be a sufficiently advertised complaints procedure for parents who are dissatisfied with provision at their child's school or with Service Children's Education as a whole; one that does not involve the chain of command or appear to threaten career progression.
- Recourse to the independent 'Special Educational Needs Tribunal' service should be available to parents in British Forces Germany.
- The special situation of those employed as Crown Servants needs scrutiny in terms of welfare benefits.
- Parents need clear, trustworthy and timely information in order to support their child's needs and to enable them to access the support available.
- The continuation of dependency status for vulnerable adults ought to be made clear to all medical and education services in British Forces Germany.
- Research into the situations, needs and aspirations of all service families needs to have higher priority.
- Enhanced training of dedicated personnel or specialist staff in benefits agencies and financial institutions would be valuable, in order to brief them about the special situation in British Forces Germany and to set up effective channels of communication and support.
- Similarly, it would be advantageous to have members of staff in every unit welfare office trained to provide clear advice on benefits and financial matters and with links to the UK to deal with cases that are more complex. At present, the situation is chaotic, as there is no guidance at all and there is too great a reliance on word of mouth to access benefits.

- British Forces Germany ought to be included in the national schedule of local authority inspections conducted by Ofsted, with a particular focus on vulnerable groups. This could identify strengths and uncover any gaps in provision, especially across garrisons.

### **Limitations**

There were some limitations to this study, and therefore care should be taken in interpreting the findings. The main limitations are:

- The study is of a highly mobile population, as parents and professionals frequently come in and out of British Forces Germany. They can be posted from one garrison to another over a very short time span, sometimes within months. Of the twelve participants in this study, at least five have moved on, three of them back to the UK. That said, there are others, particularly civilians such as myself, and soldiers in particular roles, who move rarely: we watch the dynamic spiral around us from a fixed centre rather than being part of the moving body itself. For those who do move frequently, however, the experiences described in the present tense in this study are therefore sometimes very 'time and place' specific. The current experience of those individuals could be entirely dislocated from their situational context at the time of interview.
- The study provides no comparison with the views of parents who are refused a posting to British Forces Germany in the first place because their child's needs are considered too complex.
- The study provides no comparison with parents in Cyprus or elsewhere with the British Forces. In terms of reliability, it cannot be claimed that the sample of parents who made up the case studies is representative of the wider population of parents of children with special needs. Given that the sample is derived mainly, although not wholly, from personal contacts in the local area, it might be that some issues are garrison-specific.

Finally, and this is a much broader issue about the 'reliability' of narrative data and its analysis in general, the stories that people tell are usually about breaches from the norms of everyday life. As Bruner reminded in his essay 'The Narrative Construction of Reality' (1991):

*'Some happenings do not warrant telling about and accounts of them are said to be "pointless" (p.11)*

In other words, it is important to bear in mind that in this study, much of what is going well for the families will not have been given full recognition, because stories about everyday normality may not have been seen as 'story worthy.' It seems to me that this opens up a huge area for further investigation into what is working well most of the time, or even what is not working well most of the time but has come to be seen as so 'normal' that it considered pointless to mention anything about it.

### **Final thoughts**

Chiseri-Strater (1996) makes a useful distinction between reflexivity and reflection:

*'To be reflective does not demand an other, while to be reflexive demands both an other and some self conscious awareness of the process of self scrutiny.'*  
(p.130)

In this spirit of reflexivity, I think it is important to make it clear that my role as the researcher was quite definitely not a neutral one in either the pilot or the main study. I am an insider who cares about the women who contributed to the present study because I can empathise with them – having unexpectedly had a child with Down syndrome and living within the Forces community, I could relate emotionally and intellectually to the stories these women told. Their stories caused me to reflect on my own experiences too, so that as the research progressed I became aware that I was beginning to reconstruct my own identity as the mother of a child with special needs within the Forces.

For me personally, this work has been very much about making the familiar strange. After being attached to the Army for twenty-seven years through working for Service Children's Education and having brought up a daughter with severe learning disability within the military environment, much of what people said to me appeared, at first, to be commonplace.

The phrase itself has been attributed to the German poet Novalis (1772-1801), real name Friedrich von Hardenberg, who asserted that the essence of romanticism was to make the familiar strange, and the strange familiar. The concept was elaborated in the last century by Russian formalist Victor Shklovsky (1917/1965), who advocated de-familiarisation, or in Russian *ostraneniye*, literally, 'making strange' because:

*'After we see an object several times, we begin to recognize it. The object is in front of us and we know about it, but we do not see it—hence we cannot say anything significant about it.'* (Shklovsky 1917, p.13)

In other words, when we become familiar with something, our perception is 'routinised' (Hawkes 1977, 62-67). Through this research, I have had cause to stand back and to reflect not only on what was told to me, but also on the context within which we live here. It has caused me to recognise afresh that life in British Forces Germany is very different to life in a normal British town or village.

There is an added dimension to the concept of *ostraneniye* when one considers it in the light of diagnosis of a life-changing disability, something that mothers were keen to talk about. For these mothers, until the birth of their own child disability had not been a consideration except in terms of otherness. One might apply the metaphor of *Pentimento*, an artistic term that refers to the re-emergence of a rejected or forgotten image that becomes visible once again to create a new picture. The mental picture each mother had of her child before birth had to be readjusted radically and another drawn in its place. This metaphor is, however, restricted, as it implies a time-limited process that stops as soon as the new picture emerges; one fixed image replaced by another. The picture one has of one's child is nevertheless

inseparable from the relationship; as such, it is highly dynamic, ever-changing and ever-maturing.

## **Finally**

Picasso famously described truth as being a multifaceted entity that can be reinterpreted many times, even by a single individual:

*'If there were only one truth, you couldn't paint a hundred canvases on the same theme.'* (Pablo Picasso. In: 'Truth' 1966 p. 67)

As with paint on canvas, narrative inquiry attempts to collect data in order to describe people's lives and to present those descriptions to others. Nonetheless, I am acutely aware that in all types of communication, whether in the spoken or written word, the visual media or arts, we are always dealing with semiotics rather than with an unmediated, objective truth. To claim some sort of increased validity for the research because it comes from an insider position would be, I believe, both arrogant and deceptive. Although I may have greater insight because I am in a similar position to those of the participants, life is so dynamic, so complex, that no matter how alike the surface features, the experience of each one of us is unique. Without this caveat, we would be no further forward than the ethnology of John Langdon Down (1862) when all individuals with Down syndrome were classed together as mongoloid because they shared common features. More generally, without a firm grasp of this understanding, research in the area of disabilities can lead to a perception that groups are uniform and that there is a single habitus that characterises the family with a child that has a disability – or even the Army family that has a child with a disability.

## **Summary**

Analysis of the data illustrated a number of important issues related to life for service parents who have children with special needs. Many of the concerns that they expressed are similar to those of families in the UK. Some, however, are context-specific. Whilst the most prominent themes to emerge from the data were issues around diagnosis of special needs, the instability of service

life, bullying and inclusion, the data overall also re-emphasise the effect of the Army command structure on every aspect of life for all service families. In particular, they highlight the limitations in provision made for children with special needs in British Forces Germany and the key role that the Army plays in multi-agency support provision.

# **Appendix 1**

## **The 7-Stage Emotional Cycle of Deployment**

### **Stage One: Anticipation of Departure**

Timeframe: When the service member receives orders to deploy

- Increased feeling of stress in the home
- Reality of change ahead is “sinking in”
- Denial and anticipation of loss
- Focus is on completing the family’s pre-deployment activity checklist
- Members may feel more emotional

### **Stage Two: Detachment & Withdrawal**

Timeframe: Last week before the service member leaves

- The service member is focused on preparing for the mission and may distance self from family
- Anger and arguments may occur as the family prepares to protect themselves from the “hurt” of separation
- Communication may be difficult
- In preparation for loss, the family may begin to act like the service member is already gone
- Multiple deployments can result in the need to repeatedly create distance; to feel “numb” and avoid emotional connection

### **Stage Three: Emotional Disorganisation**

Timeframe: 1–6 weeks into deployment

- Life without the service member may initially feel overwhelming
- Routines change, responsibilities are added

#### **Children may feel:**

- Numb and not interested in doing much

- More irritable than usual
- Have difficulty concentrating – particularly at school
- Wish things would go back to “normal”
- Surprised because things seem to be moving smoothly now that the other parent is gone

#### **Stage Four: Recovery & Stabilisation**

Timeframe: usually between weeks 3 and 5 after deployment

- Family finally starts to settle into a routine of life with one parent
- Coping with changes can be positive for children
- May enjoy new found responsibilities
- Sense of independence
- Relief that the family is functioning well
- Coping with changes can be challenging for kids
- Difficult time accepting changes
- Stressed, depressed and having difficulty getting things done
- Feel unsupported and worried how they will make it through
- Most of the time there is a mixture of both responses

#### **Stage Five: Anticipation of Return**

Timeframe: About 6 weeks before the parent returns

- Homecoming in sight
- Family is happy, excited and feeling a boost of energy
- Trying to make everything “perfect” for return
- Sense of relief that the service member will be home combined with worries about whether or not they will be the same
- If the service member came home on leave at some point during deployment, that experience may be what family members expect:
- Positive Leave Experience = Positive Homecoming
- Challenging Leave Experience = Challenging Homecoming

#### **Stage Six: Return Adjustment & Renegotiation**

Timeframe: About 6 weeks after the service member returns



- During the time of separation, the service member and all family members have changed
- Changes may hold pleasant surprises or may cause conflict
- Family members may feel overwhelmed by the service member's attempts to get to know everyone again
- Everyone needs space and time to readjust
- The entire family must begin to renegotiate how the household will look now that everyone is together again

### **Stage Seven: Reintegration & Stabilisation**

Timeframe: Up to 6 months (and beyond) after the service member returns

- Family continues to adjust to having the service member home
- A “new normal” is established regarding routines and expectations
- Members may begin to feel secure, relaxed and comfortable with one another again

(From: *'Operation Military Kids: Training & Resource Manual Chapter 5. 2nd Edition'* 2005. p.38)

## **Appendix 2**

### **Pen Portraits of the Participants**

#### **1. Jennifer**

Jennifer is in her early forties. She has two sons, one of whom is 7 years old and has severe diabetes. Her husband is a mid-career officer. She is a primary school teacher who works as a supply teacher in a local Service Children's school.

#### **2. Rebecca**

Rebecca has two sons, each of whom has special needs. Her elder son has significant hearing loss, having had major surgery as a result of serious infection in the inner ear five years ago. He has some learning difficulties and happens to be very feminine in his tastes and demeanour.

Her younger son has no official diagnosis but does have significant behavioural difficulties. Autism spectrum disorder has been mentioned to his mother in the past, although no firm diagnosis has ever been made. His manner is quite withdrawn both at school and at home and, in the past, he has frequently been in trouble with teachers and other children's parents for aggressive outbursts. Other parents have been reluctant to have him play with their children or to mind him. Rebecca's husband is a corporal.

#### **3. Chloe**

Chloe's 11-year-old son is actually a very able boy intellectually. He is on the gifted and talented register at his school. His abilities mark him out as being a little different to most of his peers and he has suffered repeated bullying because of this. Chloe's husband is an officer.

#### **4. Rosemary**

Rosemary is in her twenties. She has a 2-year-old daughter with Down syndrome and severe visual impairment, and she has an older son of 8. During the course of this research, she moved from a flat into a house owing

to her daughter's needs. She was married to a private at the time of the interviews; the couple have since divorced and live in England.

#### **5. Val**

Val is in her mid-twenties and married to a private soldier. She was re-housed during the period of this study, moving to a house closer to her husband's place of work. Her 5-year-old son has global development delay and autism, and only weeks before my interviews with her, she had given birth to a second child. Shortly afterwards, the family were posted back to the UK but, three months later, the couple split up. Val now lives on her own as a single mother whilst her husband has continued his career in the Army.

#### **6. Nadia**

Nadia is in her thirties and has a 6-year-old son who has Down syndrome. She is married to a Warrant Officer and is herself German. This family was also posted to the UK very shortly after the interviews.

#### **7. Steph**

Steph is a sergeant's wife. She is in her late twenties with two children, a 1-year-old girl and a 5-year-old son who has Down syndrome. He started school during the time of this research.

#### **8. Kim**

Kim is 34 years old. She has a 15-year-old son who is on the school's SEN Register at School Action Plus because of literacy and emotional difficulties. She has a younger son of 8 and she works part-time in a secretarial role for an MOD unit.

#### **9. Rebecca**

Rebecca is in her thirties. She has two boys of 8 and 10, both of whom have some learning difficulties. The younger one also has behavioural difficulties and, according to Rebecca, a paediatrician thinks he may be on the autism spectrum. As yet, however, there has been no diagnosis. The older son has been bullied repeatedly because of some attributes and preferences that are

perceived by some other children to be effeminate. He is awaiting an appointment with a gender specialist in the UK.

**Sarah, Martine, Claire and Julie are the mothers who met with me in a group. Julie is in her thirties, the others in their mid-twenties.**

**10. Sarah**

Sarah has 3-year-old twin girls, one of whom has behavioural difficulties. She is married to a sergeant. She would like to work but cannot afford the childcare costs.

**11. Martine**

Martine's son is also in pre-school and is causing concern to her and staff in the setting because of his non-compliant behaviour. Her husband is a warrant officer.

**12. Claire**

Despite only being in her mid-twenties, Claire has three sons who are 9, 7 and 3. The 7-year-old is on the special needs register at school for specific learning difficulties and dyspraxia. Her husband is a corporal.

**13. Julie**

Julie's daughter is at the Early Action Plus Stage of the SEN register at nursery. She has significant language delay and behavioural difficulties. Julie had only recently arrived in Germany at the time that I spoke with her.

**14. Sonia**

Sonia is German. Her 8-year-old son has Down syndrome and additional medical problems. She is married to a sergeant and has a teenage daughter. She had considered the option of sending her children to German schools but had chosen an English education because she believes it to be more inclusive than the German system.

**15. Nancy**

Nancy is in her forties. She is a nurse and the main earner in the family, which means that her husband is classed as a dependant. She has a teenage son with learning difficulties.

### **The men:**

#### **Neil**

Neil, my husband, was a teacher for 30 years before retiring on ill health grounds. He has home educated our daughter, Charlotte, for the last four years. When Neil retired, I became, in official terms at least, 'Head of House' and Neil became a dependant.

#### **Val's husband**

Val's husband is a lance corporal now; at the time of being married to Val, he was a private. He joined the army at 17 and sees it as his life-long career. At the time we spoke, he was due to go to Canada on exercise but the family situation was such that consideration was being given to him staying behind. In fact, he did go to Canada but the family was also posted back to the UK. Months later the couple separated and are now divorced.

#### **The Unit Welfare Officer**

The Unit Welfare Officer had been in his post for a year. He had joined the Army at 17 and moved up the ranks to become the Regimental Sergeant Major (RSM) (WO1), that is the senior warrant officer, before then receiving his commission as a Late Entry Officer with the rank of Captain at the age of 38. A Warrant Officer (WO2) and two administrative staff support him.

## Abstract

This research aimed, through interviews and personally recorded accounts, to discover new insights into life in British Forces Germany for parents – primarily mothers – who have children with special needs. It is a qualitative, thematic study of the stories of fifteen mothers and two fathers who have children with special needs in British Forces Germany, which comes at a time when British Forces Germany is moving towards a Children's Services model in line with government strategy and when there is increasing official recognition of the special situation of service children.

The tightly circumscribed limits of self-determination caused by the a priori demands placed upon the serving soldier to follow orders have always been a given. In recent times, however, the exigency of more frequent deployments to Iraq and Afghanistan has meant that stress on all families has been intensified. It would appear from this study that some of this added pressure could be related to being the sole carer at times of prolonged separation, especially when away from the support of extended family back in the UK. Clearly, there is no easy solution to this, especially in times of financial stringency. Other issues, however, ought to be more easily solvable, or even avoided completely. Of these, the most disturbing are an apparent failure to address homophobic bullying in one particular SCE school and the limitations in inclusive practices apparent across several other institutions.

The perception of some parents in the study was that there was often a lack of genuine partnership between schools and parents and that some teachers are reluctant to acknowledge the validity of parental concerns about their children and to act on them. Similarly, there was a belief expressed that although Army support services are well intentioned, more consultation with parents would enable the support they provide to be better targeted and personalised.

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